



## **Financial Assistance Policy**

### **PURPOSE:**

St. Croix Health offers financial help to our patients who cannot pay all or part of their medical bills. As a result, our Financial Assistance Policy (referred to as "FAP" or "Policy") is available to uninsured or under-insured patients based on their ability to pay for emergency and other medically necessary care at our hospital and/or community clinics. Our Financial Assistance Policy is meant for short-term, episodic assistance and is not intended as a replacement for insurance coverage, for long-term, free, or discounted care. An application for financial assistance is valid for 6 months. The policy describes eligibility criteria, how we calculate discounts, how to apply for financial assistance, the providers delivering care in our Hospital which are covered under this policy, and our emergency medical care policy.

### **POLICY:**

### **ELIGIBILITY CRITERIA:**

St. Croix Health has established the following eligibility criteria for patients to receive financial assistance:

1. All patients/guarantors who seek emergent and/or medically necessary services from St. Croix Health can apply.
2. Only emergency and medically necessary services qualify for Financial Assistance. St. Croix Health reserves the right to determine on a case-by-case basis whether services meet the definition of "medically necessary" for the purpose of eligibility for Financial Assistance.
3. Patients who are not approved for financial assistance who have extenuating circumstances can be reviewed on a case-by-case basis by St. Croix Health Management.

4. The patient must complete the SCH Financial Assistance Application and supply all requested documentation.
5. St. Croix Health shall review and evaluate each applicant's situation in order to make a determination on eligibility for financial assistance. SCH will look at the following to make a determination:
  - a. Size of Family/Household
    - i. Family is defined as: a group of two or more people related by birth, marriage, or adoption and reside together or are claimed as a dependent on the applicant's tax return.
  - b. Family/Household income
    - i. Family/Household income includes: gross earnings, tips, income from business and self-employment, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, income from rental properties, estates, trusts, royalties, stocks, bonds, certificates of deposit, life annuities, money market accounts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Excludes non cash benefits (such as food stamps and housing subsidies).
6. The patient and household members may be asked to provide evidence that they have been or would be denied government benefits, such as Medicaid. Denial of benefits letter(s) from the government may be requested.
7. The patient must fully exhaust any available government assistance programs and any available health insurance benefits.
8. The patient's eligibility for free episodic or discounted care will be based on household income, family size, and [other factors, ex. Assets] as follows.
  - a. Patients must supply documentation of household assets such as cash and other liquid assets in order for application to be reviewed.
  - b. Liquid assets include cash property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, life annuities and money market accounts. Retirement funds (e.g.

401K, IRA accounts and deferred annuities) are excluded from liquid assets. Documentation of liquid assets may be requested.

- c. Liquid assets in excess of \$20,000 are included in the income calculation.

#### **HOW TO APPLY FOR FINANCIAL ASSISTANCE:**

1. Obtain a copy of our Policy & Financial Assistance Application one of the following ways:
  - a. In person at all registration locations
  - b. Printed from our website at <https://www.saintcroixhealth.org/patients-visitors/insurance-billing/financial-assistance>
  - c. Request a copy by mail from our Patient Financial Services department at 715-483-0475. We are open Monday-Friday from 8:00a.m. to 4:30p.m.
2. Patients must complete the Financial Assistance Application, provide appropriate income verification(s), and return to Patient Financial Service one of the following ways:
  - a. In person or mail to: St. Croix Health, Attention: Financial Counselors, 235 State Street, St. Croix Falls, WI 54024
  - b. By fax to Patient Financial Services at 715-483-0505
3. Appropriate household income verification(s) to be provided must include the following:
  - a. Most recent filed copy of Federal 1040 Tax Return.
  - b. Pay check stubs with year-to-date earnings (last 60 days).
  - c. Annual statement of Social Security benefits, or bank statements that show the direct deposit. (if applicable)
  - d. If disabled or unable to work, documentation that patient has applied for disability coverage and has received a coverage determination. (if applicable)
  - e. Proof of year-to-date child support or alimony payments. (if applicable)
  - f. Statement of income from any private or government agency that provides you benefits: (pension, grants, scholarships, workers compensation).
  - g. If the patient is deceased, third party documentation that there is no estate to file a claim. (if applicable)

- h. Patients must supply documentation of household assets such as cash, and other liquid assets in order for application to be reviewed.
  - i. Liquid assets include cash property that can be easily converted to cash, such as savings and checking accounts, stocks, bonds, certificates of deposit, life annuities and money market accounts.
    - i. Asset Guidelines - If a household has assets totaling more than \$100,000, they are not eligible for Financial Assistance.
    - ii. Exceptions may be made for catastrophic situations, where the outstanding balances exceed the patient's household asset totals. These will be reviewed on a case-by-case basis.
  - j. Additional information may be requested to make a complete determination of income.
4. Patients may contact Patient Financial Services at 715-483-0475 with questions about the application or to arrange/schedule an appointment with a Financial Counselor. We are open Monday-Friday from 8:00a.m. to 4:30p.m.

**BASIS FOR CALCULATING FINANCIAL ASSISTANCE:**

1. St. Croix Health provides assistance to all uninsured and under-insured patients whose family income is less than or equal to 200% of the Federal Poverty Level (FPL). Patients meeting this criteria will receive a 100% financial assistance discount.
2. Patients with a gross family income equal to or above 250% of the FPL, but not more than 300% of the FPL will receive partial financial assistance based on the Financial Assistance Table. The Financial Assistance Table is updated annually and is based upon that year's Federal Poverty Guidelines. Please refer to Appendix A Financial Assistance Table.
3. Once eligibility for financial assistances has been established, St. Croix Health will not charge patients who are eligible for financial assistance more than the amounts generally billed (AGB) to insured patients for emergency or medically necessary care.
4. To calculate the AGB, St. Croix Health uses the look back method described in section 1.501(r)-5(b)(3) Treasury's regulations. In this method St. Croix Health uses data based on claims sent to Medicare fee-for-service for emergency and medically necessary care over the past year to determine the percentage of gross charges that

is typically allowed by these insurers. The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. St. Croix Health re-calculates the percentage each year.

**PRESUMPTIVE ELIGIBILITY:**

1. St. Croix Health may presumptively determine that a patient is eligible for financial assistance based on a prior eligibility determination or meeting certain circumstances for financial assistance, which include:
  - a. Homelessness
  - b. Medically necessary services not covered or payable under a Medicaid program or federal grant rendered to a qualified recipient
  - c. Qualification and effective date for Medicaid subsequent to the services date
  - d. Deceased and no surviving spouse.

**EXCLUDED SERVICES:**

1. Elective services (cosmetic services, or other non-medically necessary) excluded from assistance include: hearing aids, supplies, pharmaceuticals, retail services, as well as balances that should be paid by insurance like Medicare, Medicaid, automobile, workers' compensation or liability insurance.
2. Experimental Interventions: Experimental interventions are treatments and interventions not generally accepted as safe and effective by experts in the relevant field in diagnosing, preventing, or treating the health condition under consideration. When determining that an intervention is experimental, relevant factors include but are not limited to:
  - a. whether the intervention is only available as part of a clinical study
  - b. whether relevant articles in peer review journals call for further study of the intervention for the health condition under consideration
  - c. whether the intervention would be used in a different body area, in a significantly different way, and/or for a different health condition, than is generally accepted by other experts in the relevant field [within St. Croix Health, the Twin Cities, Wisconsin, Minnesota, the US, etc.]
3. Fiscally Unsustainable Burden: A situation where there is significant cost to St. Croix Health tax-exempt entity to provide the service and the incidence of potential patient need for the service is such that the entity could not provide the same

service without adequate reimbursement to all similarly situated patients and remain fiscally responsible.

**LIST OF PROVIDERS COVERED IN FINANCIAL ASSISTANCE:**

1. St. Croix Health is required to list all providers, other than the Hospital itself, delivering emergency or other medically necessary care in the Hospital and specify which providers are covered by this policy and which are not. The list of providers covered in our Financial Assistance Policy is attached as Appendix B. This list will be updated quarterly per IRS rules and regulations under 501(r).

**EMERGENCY MEDICAL CARE POLICY:**

1. St. Croix Health provides care, without discrimination, for emergency medical conditions to patients regardless of their ability to pay or eligibility for financial assistance. The Hospital prohibits any action(s) that discourage patients from seeking emergency medical care. Examples of prohibited conduct include: an employee or agent of the Hospital demanding that emergency department patients pay before receiving treatment for emergency medical care, or permitting debt collection activities that interfere with the provision of emergency medical care.
2. St. Croix Health shall comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA), including the provision of medical screening examinations, stabilizing treatment, and referring or transferring a patient to another facility when appropriate. St. Croix Health shall provide all emergency services in accordance with CMS conditions of participation.

**SEPARATE BILLING & COLLECTIONS POLICY:**

The actions that St. Croix Health may take in the event of nonpayment are described in a separate Billing & Collections Policy. A free copy of the Hospital's Billing & Collections Policy can be viewed and downloaded on our website at <https://www.saintcroixhealth.org/patients-visitors/insurance-billing/financial-assistance/>.

**CROSS REFERENCE(S):**

[Emergency Medical Treatment & Active Labor Act \(EMTALA\) Compliance](#)  
[Billing & Collection Policy](#)

Attachments

[Appendix A 2025 Financial Assistance Table](#)

[Appendix B List of Providers Covered in Financial Assistance](#)