Access to Health Care & Coverage

ABC for Health, Inc. Recommendations for Tri-County Hospitals

Contents:

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About ABC for Health:

ABC for Health is a Wisconsin based nonprofit public interest law firm dedicated to health equity & social justice.

ABC for Health's mission is to provide information, legal services, advocacy tools, & expert support needed to obtain, maintain, & finance health care coverage services.

Executive Summary

December 2025

Over the past several months, the Tri-County region embarked on its Community Health Needs Assessment process (CHNA).[1] ABC for Health, Inc. (ABC) strongly encouraged ***access to health care and coverage*** be identified as a priority issue that need to be addressed in order for health across the region to improve.[2]

We maintain that the CHNA process should inform each hospital's policies and practices with the goal of maximizing a positive impact on all patient populations. We offer 3 simple recommendations for improvement:

- Improve Financial Assistance staff training
- Remove barriers and red tape to Financial Assistance
- Require "third party billers" (radiologists, emergency medicine groups, etc.) to honor hospital Financial Assistance awards

ABC presented our findings and recommendations at a Medical Debt Symposium in Appleton in May 2025. We shared strategies for preventing avoidable medical debt. We profiled our successful free clinic legal partnership, including Hope Clinic and Care Center in Winnebago County, as a successful, proactive medical debt intervention.[3] We shared data and examples of how to achieve improved learning using health IT tools.

Medical debt, collections actions, and stress continue to burden patients and families in the Tri-County area. Fox Valley hospitals must do more to justify extensive tax breaks and better serve patients impacted by health disparities. In 2024, Fox Valley hospitals spent an average of only **0.7% of their gross patient revenues on charity care**.[4] The national average is 2.3%.[5]

The federal budget, coupled with recent Administrative Rules and Executive Orders will create dramatic changes to health coverage options in the months and years ahead.[6] Hospitals can and should do more to better protect patients from coverage gaps, denied care, increased hospitalizations, medical debt, and worsened health amid a changing health insurance landscape.

In this report, ABC shares experiences working with hospitals in the Tri-County region and offers sensible recommendations for process improvement.

Access to Health Care & Coverage

Introduction

Federal law requires hospitals to regularly conduct a Community Health Needs Assessment that includes an opportunity for valuable input on the health services and needs of many vulnerable patients and community stakeholders.[7] The Affordable Care Act requires nonprofit hospitals to complete a Community Health Needs Assessment (CHNA) every three years that identifies a range of these community health and service needs, informs each hospital's policies and practices, and thus maximizes their positive impact on their patient populations, particularly those who face health disparities due to income, disability, race, or other marginalized identities. This report focuses on the Tri-County area of Winnebago, Calumet, and Outagamie Counties in northeast Wisconsin.

ABC for Health, Inc. (ABC)[8] is a nonprofit, public interest law firm that promotes equitable access to health care and coverage for Wisconsin's low-income families and individuals. ABC helps clients and patients obtain and maintain health coverage, challenge incorrect medical bills, appeal insurance denials, and secure needed care. Our work helps Tri-County families navigate health insurance and hospital bills. ABC's experience provides a unique insight into the red tape and bureaucracy families face on the path to health coverage and care. Failures to help families secure proper coverage and care can result in medical debt that often unjustly traps families, sometimes generationally, in poverty.

Part of ABC's approach includes researching medical debt policies, rules, and community impact. We pair our findings with the experience, observations, and perspective of our direct client services and community collaborations. ABC has served over 76,650 Wisconsinites since its founding in 1994.

In this report, ABC for Health offers sensible recommendations for process improvement, timed to coincide with the 3-year cycle of Community Health Needs Assessment reporting and implementation strategies required of hospitals. We examine the results and outcomes of the promise Tri-County hospitals made to the taxpayers and communities they serve.

ABC focused its input and recommendations on the CHNA process to highlight **access to health care and coverage barriers and related medical debt** for patients who live in and around Tri-County. ABC has issued many reports on medical debt over the past decade. We maintain a thoughtful CHNA process must include data on medical debt issues and strategies for improving access to health care and coverage. The causes of medical debt are myriad and complex, but ABC has found that insufficient or inaccessible hospital financial assistance policies create stress and confusion among patients, especially among vulnerable populations, and avoidable medical debt.

In the months ahead, we will publish additional reports that include other significant access to health care and coverage issues identified through our direct client services work and research, like the Birth Tax, improved coverage for children with disabilities and special healthcare needs, ensuring access to care and coverage for gender-affirming care, and increasing accessibility for low literacy or immigrant patients.

The Months Ahead

The Federal Budget cuts Medicaid by over $1 trillion over the next ten years.[9] The Congressional Budget Office estimates the number of people without health insurance as a result will increase by 10 million by 2034.[10] Paired with other policies, like the expiration of enhanced premium tax credits in the Marketplace, that number swells to over 14 million uninsured.[11] The direct impact to Wisconsin will be significant. Wisconsin's Department of Health Services estimates 276,175 Wisconsinites will lose health coverage, either Medicaid, BadgerCare, or their Affordable Care Act Marketplace plan.[12]

Recent reports quantify some of the dire consequence of so many people losing insurance, including delayed care, increased hospitalizations, and increased deaths.[13]

- Health Insurance premiums will increase.[14]
- 5.4 million people will be pushed into medical debt with an increase in the total medical debt Americans owe by $50 billion.[15]
- Uncompensated care costs will surge by $48 billion annually by 2034; in Wisconsin, the number is approximately $285.98 million.[16]

Giving the state a small reprieve, Wisconsin secured a last-minute provider rate increase through a provider tax (from 1.8% to 6%) when Gov. Evers signed the 2025-2027 state budget into law. That will draw down additional federal matching funds to support hospitals and Medicaid for a combined total of over $1 billion dollars.

Yet patients are struggling to access health care and coverage now and hospitals can take proactive steps to help patients by increasing staff training, improving efficiencies and workflows, and a better understanding the changes ahead. Hospitals can change policies to stop needless medical debt lawsuits and credit reporting of debts. We offer recommendations herein with that reality in mind. We also share a few de-identified patient stories that are demonstrative of struggles that result from administrative hoops, hurdles, and knowledge gaps in hospital systems.

Medical Debt Research

The pandemic brought significant changes to the medical debt landscape in Wisconsin. Many hospitals stopped filing lawsuits during the pandemic, largely due to media pressure fueled by client stories from advocates like ABC. The medical debt collections machine shifted gears, and smaller, specialty providers now drive the bulk of collections actions. Yet medical debt issues still affect clients. Hospitals rely more on other coercive collections activities, such as credit reporting and the requirement of upfront payments before scheduling appointments. ABC has invested in building even greater knowledge and client service expertise, and published a series of reports[17] over the past five years on the access to coverage and care barriers faced by Wisconsin patients. For this report, we offer recommendations for providers in northeast Wisconsin.

Recommendations for Tri-County

Summary of Recommendations

Medical debt is a public health crisis in northeast Wisconsin, and across the country. Patients across the United States owe at least $220 billion in medical debt.[18] The share of adults with medical debt varies by state—in Wisconsin, 8.7% of adults hold some form of medical debt.[19]

Medical Debt

Many medical debts are avoidable. Tri-County area families and individuals struggle with inaccessible hospital financial assistance policies. ABC maintains we can prevent substantial amounts of this avoidable medical debt with **proactive** patient financial assistance programs. Better practices coupled with knowledgeable and informed staff ensure more patients have access to the care and financial security they need.

Common Sense Recommendations for Financial Assistance Personnel & Policies

1. Improve Financial Assistance Staff Training
2. Remove Barriers and Red Tape to Financial Assistance
3. Require "Third Party Billers" (radiologists, emergency medicine groups, etc.) To Honor Hospital Financial Assistance Awards

Medical Debt Collection

Currently, Extraordinary Collections Actions (ECAs) defined by IRS regulations include medical debts lawsuits, credit reporting, and denied care. The threat of ECAs looms over patients and creates stress that leads to missed or avoided health care. Before the COVID pandemic, Wisconsin's nonprofit hospital systems routinely filed lawsuits against patients to collect medical debt. In these lawsuits, our research found over 99% were filed against patients who lacked legal representation, and over 95% resulted in default judgments, raising concerns about the validity of the alleged debts. Hospitals were represented 100% of the time.[20]

Common Sense Recommendations for Medical Debt Collections

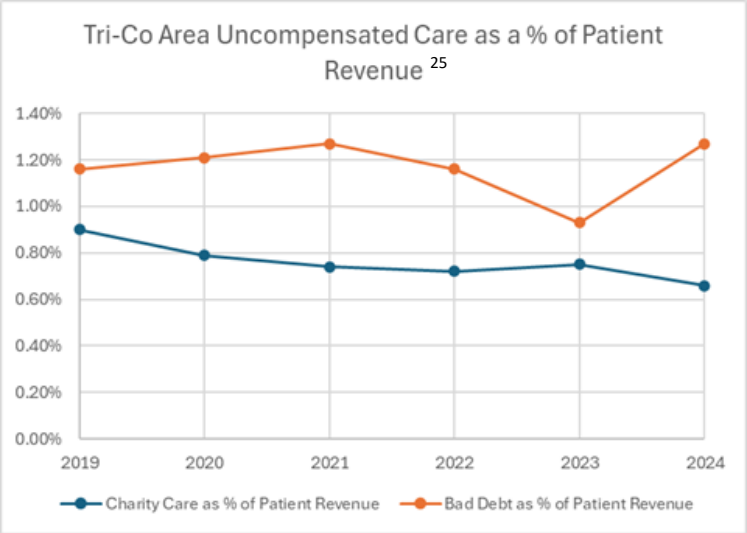
1. Stop mass filing medical debt lawsuits.
2. Stop the inequitable practice of credit reporting of medical debts.
3. Stop denying care or treatment to those with outstanding medical bills.

Promote Access Through Uniform & Community Wide Financial Assistance Policies

Hospitals must improve community wide access to FA services through uniform and consistent FA policies. These providers include **Ascension, ThedaCare, Aurora, and Children's Wisconsin**.

Access to Health Care & Coverage

Proactive Hospital Financial Assistance



ABC's work with clients demonstrates that we can prevent certain medical debt with proactive patient financial assistance (FA) programs. The Affordable Care Act (ACA) requires nonprofit hospitals[21] to develop and publish FA policies that allow certain low-income patients to apply for and receive discounted or free medical care. The ACA's provisions on hospital FA are found in section 501(r) of the Internal Revenue Code, establishing compliance requirements for nonprofit hospitals, including hospitals must:

- Develop financial assistance policies and widely publicize those policies
- Publish accessible, plain language summaries of FA policies
- Translate the policies into every language used by over 5% of the community
- Give patients a reasonable opportunity to apply for assistance, including allowing at least 240 days to apply, counting from the first post-discharge billing statement
- Restrict extraordinary collections actions (e.g. lawsuits and credit reporting) against patients seeking FA eligibility
- Refund any patient payments if they are later found to be eligible for FA

Hospitals have both a legal and moral obligation to serve the most vulnerable members in a community. In 2024, Tri-County hospitals spent an average of only **0.7%** of their gross patient revenue on charity care. Tri-County hospitals saw significant reductions in charity care and increases in bad debt compared to other Wisconsin regions in 2024, and remain well below the national average of **2.3%** revenue spent on charity care.[22]

In fact, Tri-County fails to come close to this national mark. According to a Wall Street Journal report, nonprofit hospitals across the US are spending only 2.3%[23] of their revenue on financial assistance. If Tri-County hospitals spent 2.3% of their revenue on financial assistance instead of 0.7%, they could cover the **$57.7** million in uncovered medical expenses not covered by FA and characterized by the hospitals as bad debt.[24]

Nonprofit hospitals must develop effective FA policy implementation strategies to ensure access by people eligible for those services. When implemented correctly, FA prompts accessible healthcare for such patients and helps hospitals meet community benefit and need requirements. Clarity in hospital FA policies is paramount for a smooth, transparent, and understandable process.

ABC's review, however, identified that some hospitals created inaccessible FA for patients, while touting their nonprofit status. Our research also shows that certain hospitals aggressively pursue and collect bills from the communities they serve.

Recommendations for Tri-County

Access to Financial Assistance Hampered by Confusing Policies

FA policies vary at Fox Valley hospitals, causing community confusion, service gaps, and a lack of access to health care and coverage. For example, Ascension and ThedaCare offer FA to patients up to 400% FPL, while Ascension's FA policy stops at 300% FPL. This means someone between 300% and 400% FPL could qualify for a large discount at Ascension and ThedaCare, but no assistance at Aurora.

Hospital	FPL Required for Free Care	FPL Required For Sliding Scale Discount	Asset Limit	Deadline to Submit FA Application	Verifications Required	FA Allowed for Patients with Insurance	Presumptive Eligibility for patients with Medicaid?
Ascension	250%	400%	250% of patient's FPL	none	3 months	Yes	No
ThedaCare	200%	400%	N/A	none	2 months	Yes	Yes
Aurora	300%	N/A	N/A	240 days	1 month	Yes	No
Children's	300%	400%	N/A	240 days	1 month	Yes	No

Additionally, FA policies are complicated, even for experienced advocates. Aurora's policy includes mentions of income verifications, but never specifies required documentation. Their application asks for "most recent pay stubs" at one point and "year-to-date proof of income" elsewhere. ThedaCare's policy defines the term "Application Period" as "The period in which a Guarantor may complete an application for the Program," but never explains what that period is. Appropriate, straightforward hospital FA policies will help patients secure needed benefits.

Aside from eligibility criteria, hospital FA application processes include administrative roadblocks. For example, hospitals demand excessive verification of income or assets from certain patients that work in the cash economy. For a self-employed worker or someone working in the cash economy, this paperwork sometimes simply does not exist.[26]

Other times, it's difficult to obtain for populations facing poverty and illnesses, creating a barrier for many patients that unfairly limits their access to needed financial assistance. Other examples of bureaucratic barriers to assistance include:

1. Verifications requested in English despite knowing the patient spoke a different language
2. Unreasonable deadline to provide a verification document
3. Sending a patient to collections while the FA application was still pending
4. Failure to inform a patient of the FA application or policy

Common Sense Path Forward: FA Recommendations

These failures are not unique to Tri-County providers. A national study found only 29% of patients with unaffordable bills are able to learn about, apply for, and receive financial assistance; 52% of surveyed patients report receiving no information about financial assistance; and black patients are 62% less likely to be approved for financial assistance.[27] But Fox Valley hospitals can improve. We offer the following recommendations.

FA Recommendation #1: Improve Financial Assistance Staff Training

Effective financial assistance policy is about more than just handing a FA application to a patient. ABC encourages hospitals to be more proactive and adopt "smart" charity care by identifying and securing ongoing health coverage before deploying a FA strategy. To do this successfully, training, continuing education, and professional development of patient FA staff must be a priority. Measured trainings must include:

- Require an introduction with annual continuing education about the rules and eligibility criteria for myriad health coverage programs across public and private insurance options. In our experience, many low-income families with existing bills may be eligible for Medicaid, but a hospital screening failed to account for unique income situations or Medicaid sub-programs.
- The skills needed to work with diverse patients and patient needs
- FA staff baseline knowledge assessments and continuing education on health coverage options and FA. This must be supported by employee training sessions and outside learning opportunities, for example HealthWatch Wisconsin's informational materials.[28]

This approach makes fiscal sense because it secures ongoing coverage for a patient, an ongoing payment source for the provider. It eliminates stress and roadblocks to care. It is more urgent than ever, as health coverage rules undergo a major overhaul because of recent federal decisions. It is the hospital's responsibility to stay current on laws, rules, and regulations impacting coverage eligibility.

FA Recommendation #2: Remove Barriers and Red Tape to Financial Assistance

As part of nonprofit hospitals' community benefit obligation, we expect our nonprofit hospitals to remove the barriers to hospital FA and provide improved access to needed community services. Tri-County hospitals must:

- Limit restrictive deadlines and geographic barriers to FA.
- Simplify their FA applications by removing unnecessary verification requirements
- Adopt a "best available information" standard of documentation akin to Wisconsin Medicaid.
- Help patients secure documentation.
- Stop sending patients to collections before making a FA decision.
- Develop accessible, meaningful, and transparent appeals processes for patients, many of whom currently have no opportunity to raise valid objections with decision makers.

Common Sense Path Forward: FA Recommendations

FA Recommendation #2: Remove Barriers and Red Tape to Financial Assistance (Continued)

Language Access: Language access continues to be a barrier. Despite recent rhetoric and executive orders,[29] language access is the law.[30] We expect the same level of customer service for all patients, regardless of their primary language. Providers can easily present clear FA eligibility criteria and all other notices and communications in all languages in which the policy must be published.

Uniformity: The lack of a uniform FA application is another barrier for patients. ABC recommends a uniform FA application for Tri-County County hospitals to resolve confusion, provide predictability, and promote understanding to the FA process. Other states[31] have already taken steps to require uniformity, and in fact, AMA members recently voted to support greater oversight of nonprofit hospitals and standardization of charity care policies including standardizing the financial assistance process across all nonprofit hospitals.[32] Consistency among hospitals would also mean creating expansive presumptive eligibility for FA.

Vendors: Third parties can add hoops and hurdles to the FA process. In ABC's client experience, Revenue Cycle Management (RCM) companies often create unnecessary, additional steps in the process, with vendors who are either unfamiliar with eligibility requirements for a hospital's FA, public benefit programs, or unique state programs.

Inappropriate Incentives: Some FA staff asked ABC clients to pay towards bills, even when an application for FA was still pending. This aggressive tactic suggests that either an incentive structure or workplace culture that promotes bill collection over helping patients navigate the FA process. This issue is amplified when dealing with Revenue Cycle Management companies (see above). We recommend hospitals adopt policies that prohibit this behavior and encourage staff to prioritize FA screening over bill collection.

Stacy's Story

"Stacy" (name changed to protect privacy) went to Ascension St. Elizabeth's ER for abdominal pain, where she received radiology services. Shortly after discharge, she applied for financial assistance to cover her bill. While the financial assistance application was being processed, she continued to get bills and calls from Ascension and R1 RCM demanding that she set up a payment plan or else go to collections. She was eventually approved for 90% financial assistance. However, her ER visit also resulted in bills from Radiology Associates of the Fox Valley, Radiology Associates of Appleton, and Appleton Emergency Physicians. After multiple attempts to apply the Ascension FA award to these third party billers, she finally received the proper discounts on the last of her bills, a process that took 2 months.

Common Sense Path Forward: FA Recommendations

FA Recommendation #3: Require Third Party Billers Accept Hospital Financial Assistance

ABC works with clients where third-party billers including labs, radiologists, emergency room physicians, or ambulance services are contractors within a hospital and may not accept a hospital's financial assistance awards. These third-party providers are separate entities with their own billing policies, leaving patients with a remaining balance even after qualifying for FA. Yet the patient has no ability to discern which provider is an employee of the hospital and which is a contractor, especially in an emergency. Providers must require contractors (emergency physician groups, anesthesiologists, ambulance, etc.) to accept their FA awards for contractors operating within their hospital. Providers should automatically extend FA approval from a hospital to all affiliated clinic locations and ensure that non-hospital providers commonly working with hospital patients honor the hospital FA.

Luvia's Story

"Luvia" (name changed to protect privacy) lives in Appleton and receives primary care at a free clinic. In early 2024, she was referred to ThedaCare for hernia surgery. Luvia was approved for FA (delayed by ThedaCare's insistence that applicants provide a Medicaid denial), yet Surgical Associates of Neenah who performed the surgery at the hospital does not always honor ThedaCare FA awards. Despite a 100% FA award from ThedaCare, Surgical Associates only applied a 25% discount to her bill, leaving her with over $3,000 in medical debt.

Spotlight: Tri-County Safety Net Free & Charitable Services

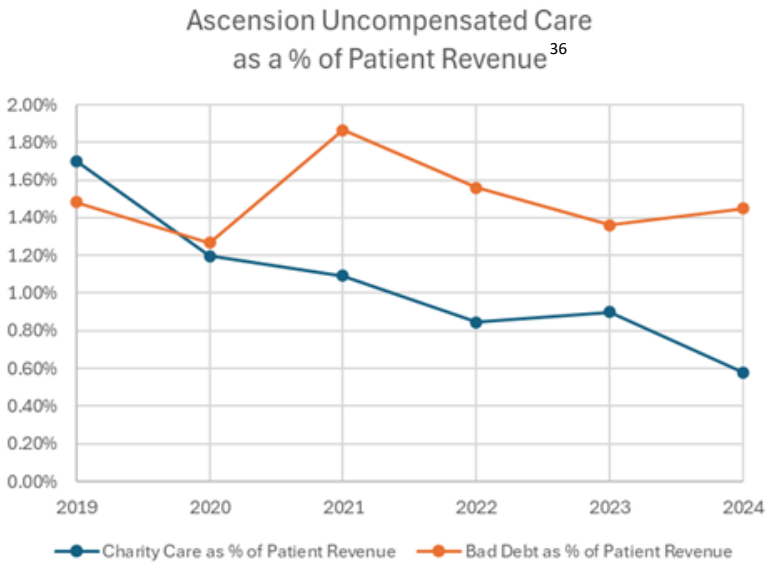
Free and charitable clinics provide a safety net for patients excluded from needed health care and coverage due to issues related to race, poverty, immigration status, or fear. Tri-County hospitals can create a better, more proactive process to ensure improved services and support to these charitable clinics and the patients they serve: Eliminate roadblocks and bureaucratic barriers to care, coverage, and financial assistance; proactively enroll patients in health coverage; close staff knowledge gaps around Medicaid and immigrant health coverages; reduce the strain of shifting vulnerable patients to a safety net clinic.

Consider a pilot project of ABC for Health: The "SafetyWeb Network for Free and Charitable Clinics," is a novel partnership with select clinics across Wisconsin.[33] The project promotes access to health coverage and helps assure legal rights for uninsured patients. ABC staff help clinic patients cut through reams of red tape and system indifference and have changed the trajectory of many lives. To date, we've served over 1600 patients who presented with over $2.95 million dollars in medical debt. Our legal and advocacy assistance helped patients assert their rights and eligibility for health coverage programs, including hospital financial assistance programs, and give them recourse for wrongfully denied coverage and services. So far, the SafetyWeb Network Project has helped clients and families eliminate over $2.1 million of those medical debts.

Patients like "Pheobe," name changed, who benefitted from the partnership between Hope Clinic and Care Center and ABC for Health, as described here.

Hospital Specific Recommendations

Ascension



We briefly addressed Ascension's FA practices in a previous report covering Milwaukee County hospitals.[34] Ascension hospitals in the Tri-County area saw significant drops in charity care in 2024 that were not replicated at other Ascension hospitals.

Hospital contractual relationships create hardship for patients:

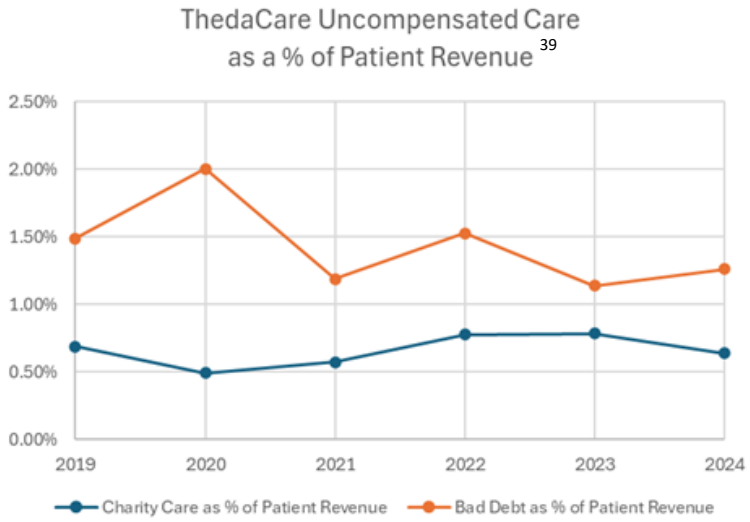
- Ascension hospitals contract with many providers who do not honor Ascension FA and have aggressive debt collection policies, including providers who regularly sue patients for medical debt. We expect Ascension hospitals to reevaluate these contractual relationships, and require third party billers to honor Ascension FA awards.
- Ascension's FA approval letter only identifies a single date of service, creating problems for patients with multiple bills including some from contractors at Ascension's hospitals, such as anesthesiologists and emergency physician groups, who fail to honor the award letter. We recommend Ascension modify their award letter to confirm that patients are awarded FA for *all* open accounts, per their policy.
- We also encourage Ascension to re-evaluate their relationship and workflow with revenue cycle management partners, like R1 RCM. Over the past several years of helping patients apply for Ascension FA, ABC has found that the only reliable method for submitting FA applications is to bypass R1 RCM.[35]

Additional administrative burdens, such as over-requiring verification items and fast appeals deadlines should be eliminated as well. Ascension requires three months of income and asset verification, which is more burdensome than most systems. It provides only 14 days for an appeal a FA denial.

On paper, Ascension has a fairly typical FA policy, providing free care for patients under 250% FPL and a sliding scale discount. Ascension does not have a hard deadline to apply for financial assistance, but states that patients who apply after 240 days will **not** be reimbursed for any payments made on their bill. The IRS requires hospitals fully reimburse patients for payments over $5 made on accounts that are later written off by FA. We encourage Ascension to revisit its policy to make its reimbursement process fast, transparent, and accessible. Finally, like most Wisconsin hospitals, Ascension stopped filing lawsuits against patients for medical debt during the COVID-19 pandemic. Ascension must formalize this change in their written billing and collections policy.

ThedaCare

ThedaCare has the lowest cutoff for full FA of all the hospitals in this report, at 200% FPL. In 2024, charity care from ThedaCare hospitals dropped significantly, while bad debt increased by almost 50% over the previous year.



ThedaCare routinely contracts with providers that do not accept FA, which can leave even patients with large bills after a visit to ThedaCare, even after receiving a full FA award.

ThedaCare puts a number of administrative hoops and hurdles in the way of accessing FA:

- It is impossible to contact ThedaCare's FA team directly
- Billing staff do not resolve issues.
- They require FA applicants to submit a denial from BadgerCare, even if they would clearly be ineligible. They are the only hospital in the region with this requirement.
- They are extremely slow to process FA
- FA applicants are asked to provide additional verifications if the hospital is slow to review the application

As of January 1, 2024, ThedaCare has officially merged with Froedtert, a hospital system prevalent in southeast Wisconsin.[37] The Lown Institute found that Froedtert hospitals have some of the highest fair share deficits in Wisconsin, meaning they receive more in tax exemptions than they invest in community benefit including FA.[38] We will monitor future data sets for any impact to patient FA.

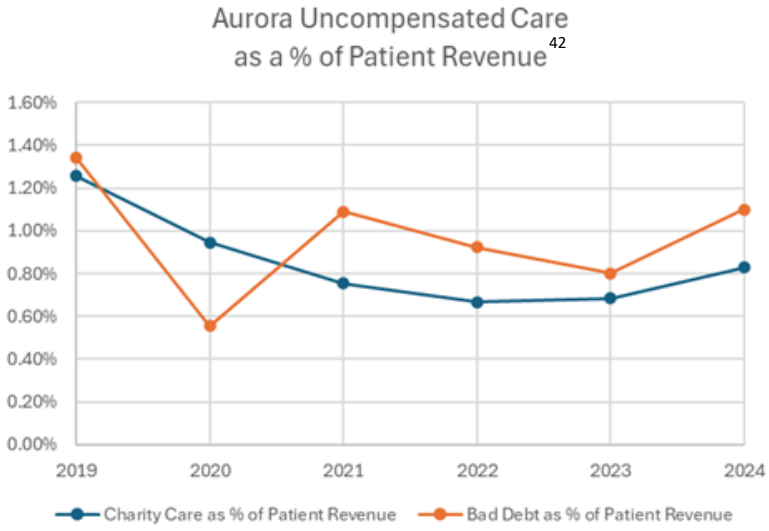
ThedaCare's FA does not have a deadline to apply, but like Ascension, they do not offer reimbursements for accounts over 240 days old. Again, the IRS requires hospitals fully reimburse patients for payments over $5 made on accounts that are later written off by FA.

We encourage ThedaCare to further streamline their FA process by eliminating the requirement of a BadgerCare denial, establishing a more transparent and accessible FA process, and stop contracting with outside providers who do not accept ThedaCare FA. ThedaCare must also formalize its policy to not file lawsuits against patients for medical debt.

Recommendations for Tri-County

Aurora

Aurora hospitals, much like Froedtert hospitals, have some of the highest fair share deficits in Wisconsin meaning they receive more in tax exemptions than they invest in community benefit including FA.[40]



Since January 1, 2020, Aurora Hospitals have not filed any new collections actions. However, some affiliated nonhospital entities continue to file lawsuits against patients. Aurora must stop filing collections actions at all Aurora hospitals and Aurora affiliated locations.

Aurora's FA policy, updated in October 2023, contains stark differences for patients from Wisconsin and Illinois. Illinois state laws regulating hospital financial assistance require Illinois presumptive eligibility for FA, and sliding scale discounts for patients over the 300% FPL. We encourage Aurora to extend these positive changes to Wisconsin patients, in keeping with the practice of most other Wisconsin hospitals.

Aurora also has a residency requirement that prevents many people from applying for FA, requiring patients to provide government-issued photo ID in order to receive FA. This creates additional hurdles for low-income or immigrant communities.

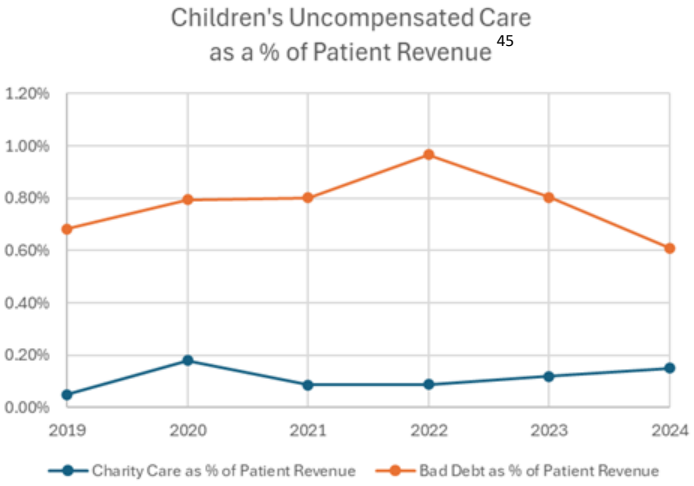
Hoops and hurdles frustrate advocates as well: Aurora has rejected a Release of Information (ROI) form from third parties, insisting that patients and advocates fill out Aurora's own form. Yet, Aurora's ROI form is very specifically designed to only request medical records. This creates confusion and delay.

In September 2024, Advocate Health announced they would take "bold steps" to address medical debt.[41] We are hopeful, and will monitor Aurora's adherence to this stated goal as we continue to help patients with medical debt.

On a positive note, Aurora is the only hospital in the area that has formally changed their billing policy to prohibit lawsuits against patients for medical debt. We recommend other hospitals follow suit.

Children's Hospital of the Fox Valley

Children's Hospital of the Fox Valley spent only 0.15% of their gross patient revenue on charity care in 2024, by far the lowest of the hospitals in this report.[43] The national average is over 15x as high. Children are more easily insured with enhanced BadgerCare eligibility. But while we would expect this to have a uniform effect on all uncompensated care, charity care suffers far more than bad debt. Bad debt in 2024 was 0.61% of their gross patient revenue—still the lowest in the region, but by a much smaller margin than charity care.[44] In previous years, Children's bad debt had been on par with other systems.



Children's FA policy provides free care for patients under 300% FPL and discounted care for patients up to 400% FPL, with some additional provisions for higher-income families with large bills. Children in Wisconsin can generally obtain BadgerCare coverage if their family is under 306% FPL, rendering their FA policy functionally meaningless to most children. We recommend broadening their FA criteria to close the gap with other hospitals. We also recommend Children's Hospital incorporate staff learning opportunities about coverage programs and services that help patients obtain and maintain health coverage.

Children's Hospital's FA policy excludes presumptive FA eligibility for Medicaid recipients. Presumptive eligibility policies make FA much more accessible for patients and efficient for hospital staff. We recommend Children's include presumptive eligibility.

Finally, before the COVID pandemic, the Children's Hospital system routinely filed lawsuits against patients' families to collect medical debt. As of 2020, however, Children's stopped filing lawsuits. Children's must formalize this new policy.

Kevin's Story

Kevin tells the story of how his family was illegally coerced into paying up front for medical care, despite having Medicaid - and the struggle to get reimbursed. Kevin shared his story for ABC for Health and HealthWatch Wisconsin's Medical Debt Symposium held May 15, 2025 in Appleton.

Listen to the story.

A Common Sense Path Forward: Collections Recommendations

Collection Recommendation #1: Stop Filing Medical Debt Lawsuits

Medical debt lawsuits pit unrepresented patients against a coordinated medical debt collections industry. While the impact of the COVID pandemic is still being felt by Wisconsin families, ongoing collections actions increase stress and harm the communities served by medical providers. Medical debt lawsuits by medical providers should be a rare exception, not a commonplace tactic against people who cannot afford medical care. Providers should instead focus on common sense strategies that proactively help patients obtain and maintain health care coverage for needed services or prescriptions. Providers should end collection referrals, terminate collections litigation against patients, and amend billing and collection policies to minimize confusion and promote equity for patients.

Hospitals should end unproductive and detrimental practices such as: denying financial assistance to patients unless they produce denial of coverage from Medicaid, performing coverage screening with revenue cycle management companies, and berating or penalizing patients for not complying with screening procedures. Hospitals must take steps to consider and understand the broader access to health care and coverage needs of patients like children and youth with special health care needs, immigrant populations, and other services needed by populations affected by health disparities. By including these topics in hospital FA or medical debt conversations, hospitals, counties, and their partners can more equitably meet community needs.

Collection Recommendation #2: Stop the Inequitable Practice of Credit Reporting of Medical Debt

Medical debt is less predictive of a consumer's propensity to repay loans than other forms of debt, and consumers often have little control over how much medical debt they incur.[46] Credit reporting of medical debt is unfair and inequitable, trapping vulnerable patients in a cycle of poverty. A low credit score can make it difficult to access housing or transportation, secure lending, or find employment, creating a doom loop that particularly affects people in health disparity populations.

Under the Biden Administration, federal authorities continued to watch the process of financial assistance and community benefits. In June 2024, the Consumer Financial Protection Bureau affirmed the importance of reducing medical debt with a proposed rule to remove medical bills from most credit reports, finalized in January 2025.[47] The Biden Administration had estimated that the Rule, if allowed to be implemented would have remove nearly $50 billion of medical debt from the credit reports of roughly 15 million Americans.[48]

The Rule was set to take effect 60 days after publication in the Federal Register, but already faced challenges in the Court after pushback from the collections and credit industry. And then the Administration changed hands, with pressure to support the trade associations over consumers.

In July 2025, a Federal Judge in Texas ruled in favor of reporting medical debt on consumer credit reports.[49] US District Judge Jordan for the Eastern District of Texas vacated the Rule that would have banned the practice of credit reporting of medical debt.

Conclusion

Hospitals have a legal and moral obligation to provide charity care to the region's most vulnerable residents. And there is room for improvement! Fox Valley hospitals should first and foremost agree to increase their average of gross patient revenues spent on charity care from 0.7% to at least the national average 2.3% With a thoughtful and proactive approach, hospital financial assistance provides a powerful shield against medical debt for low-income community members. Burdensome documentation requests, strict deadlines, and unfair and inconsistent policies at many Tri-County hospitals, however, create obstacles and red tape that leave many patients defenseless against medical debt collection. They fail to mitigate the stress and burdens of patient medical debt. ABC expects hospitals to provide financial assistance services that are helpful, inclusive, and equitable. Better staff learning opportunities and skill building is critical to implementing financial assistance policies. ABC also expects hospitals to stop reporting medical debt to credit bureaus, de-linking medical bills from credit reports that create a modern day electronic debtor's prison. Hospitals must make medical debt lawsuits a rare occurrence, not a commonplace one. We expect hospitals to promote and engage in practices that measurably improve access to health coverage and equity for patients while also reducing their own uncompensated care.

Health coverage program red tape continues to create challenges for families, and this leads to medical debt, ruined credit, and mounting stress. The causes of medical debt are myriad and complex. Through ABC's direct client work for uninsured patients, we found that insufficient or inaccessible hospital financial assistance policies are a primary cause of medical debt. These systemic shortcomings create confusion among patients, especially among immigrant populations. Aside from vastly different eligibility criteria from provider to provider, hospital financial assistance application processes contain major roadblocks.

For example, ABC clients encounter problems with hospitals demanding excessive verification of income and assets, or only accepting certain forms of verification. This paperwork, often difficult to obtain and understand for populations facing poverty and illnesses, creates a barrier for many patients that unfairly limits their access to the financial assistance they deserve. Further, verifications are often requested only in English, with unreasonable deadlines. And some providers send patients to collections while applications are still being "processed." Others fail to inform patients of the financial assistance policies and applications.

Recommendations for hospital systems include: better provider staff training; removing red tape and barriers for all patients, especially immigrant families; improving equity; and streamlining the process, with a uniform, plain language financial assistance application across all providers in a region, as well as a presumptive eligibility standard for the most vulnerable patients.

Methodology

This report contains aggregate data for charity care, bad debt, and total uncompensated care for all hospitals in the targeted region, given as a percentage of those hospitals' total gross patient revenue. We calculated these numbers as follows. First, we identified our target hospitals (named here as they appear in Wisconsin Hospital Association (WHA) data reports): Ascension Calumet Hospital, Ascension NE Wisconsin-Mercy Campus, and Asension NE Wisconsin-St. Elizabeth Campus; Aurora Medical Center in Oshkosh; Children's Wisconsin-Fox Valley Hospital; and ThedaCare Medical Center-New London, ThedaCare Regional Medical Center-Appleton, and ThedaCare Regional Medical Center-Neenah.

Gross patient revenues are as reported in 2019-2024 in the WHA's Guide to Wisconsin Hospitals in each year. Charity care and bad debt are as reported in the WHA's Uncompensated Care Report. For each region and year, we added the charity care, bad debt, and gross patient revenue figures for all hospitals in the region to obtain aggregate numbers. We divided the total charity care by the total gross patient revenue to obtain the percentage of gross patient revenue spent on charity care across all hospitals in the region. Similarly, we divided the total bad debt by the total gross patient revenue to obtain the percentage of gross patient revenue attributed to bad debt. We added these percentages together to obtain the region-wide percentage of uncompensated care in each year. Again, we use the percentages of Gross Patient Revenue, not the raw numbers, which we think is more relevant to our discussion – otherwise, a large increase in gross patient revenue could mask a relative decrease in charity care.

We use charity care and bad debt amounts by charges instead of at cost. The charges are more relevant to the impact on patients. For example, a $100,000 charity care award represents a $100,000 decrease in medical debt, and $100,000 in bad debt represents a $100,000 medical debt that someone owes.

The following tables reflect the bad debt, charity care/financial assistance, and total hospital revenues per hospital, per year. The % Charity Care and % Bad Debt are averages for all the hospitals in the system.

2024

Hospital	2024 Charity Care	2024 Bad Debt	2024 Total Revenue	2024 % Charity Care	2024 % Bad Debt
Ascension	$6,536,391.00	$16,354,009.00	$1,126,198,594.00	0.58%	1.45%
Aurora	$7,189,794.00	$9,486,435.00	$862,700,282.00	0.83%	1.10%
Children's Wisconsin	$72,417.00	$287,136.00	$47,340,700.00	0.15%	0.61%
ThedaCare	$12,200,460.00	$23,863,527.00	$1,901,074,154.00	0.64%	1.26%

Charity care and bad debt numbers for each hospital come from the Wisconsin Hospital Association's Uncompensated Care Report (UCR) for 2024, available at: https://www.whainfocenter.com/getmedia/a902dec6-5f0d-47ed-b26b-dfe762923175/Uncompensated_2024.pdf.

Percentages were calculated based on these numbers, to two decimal places (the UCR only rounds to one).

Gross Patient Revenue numbers for each hospital come from data attached to the Wisconsin Hospital Association's annual Guide to Wisconsin Hospitals for 2024, available at: https://www.whainfocenter.com/data-products/publications/guide-fy-2024/general-medical-surgical-hospitals.

Methodology

The following tables reflect the bad debt, charity care/financial assistance, and total hospital revenues per hospital, per year.

2023

Hospital	2023 Charity Care	2023 Bad Debt	2023 Total Revenue	2023 % Charity Care	2023 % Bad Debt
Ascension	$9,193,943.00	$12,833,980.00	$1,088,698,865.00	0.84%	1.18%
Aurora	$5,693,551.00	$6,677,054.00	$833,051,307.00	0.68%	0.80%
Children's Wisconsin	$48,729.00	$329,304.00	$41,019,103.00	0.12%	0.80%
ThedaCare	$12,930,920.00	$14,760,021.00	$1,757,696,475.00	0.74%	0.84%

Charity care and bad debt numbers for each hospital come from the Wisconsin Hospital Association's Uncompensated Care Report (UCR) for 2023, available at: https://www.whainfocenter.com/getmedia/d0826b32-5cad-487b-96d2-951b3af13596/uncompensated_2023.pdf.

Percentages were calculated based on these numbers, to two decimal places (the UCR only rounds to one).

Gross Patient Revenue numbers for each hospital come from data attached to the Wisconsin Hospital Association's annual Guide to Wisconsin Hospitals for 2023, available at: https://www.whainfocenter.com/data-products/publications/guide-fy-2023/general-medical-surgical-hospitals.

2022

Hospital	2022 Charity Care	2022 Bad Debt	2022 Total Revenue	2022 % Charity Care	2022 % Bad Debt
Ascension	$8,237,496.00	$14,415,440.00	$1,068,667,816.00	0.77%	1.35%
Aurora	$4,925,075.00	$6,830,428.00	$738,874,507.00	0.67%	0.92%
Children's Wisconsin	$37,003.00	$405,292.00	$41,927,847.00	0.09%	0.97%
ThedaCare	$11,537,335.00	$18,284,135.00	$1,579,120,067.00	0.73%	1.16%

Charity care and bad debt numbers for each hospital come from the Wisconsin Hospital Association's Uncompensated Care Report (UCR) for 2022, available at: https://www.whainfocenter.com/getmedia/6cf1fe36-21aa-493c-aaad-84394c3eb573/Uncompensated_2022.pdf. Percentages were calculated based on these numbers, to two decimal places (the UCR only rounds to one).

Gross Patient Revenue numbers for each hospital come from data attached to the Wisconsin Hospital Association's annual Guide to Wisconsin Hospitals for 2022, available at: https://www.whainfocenter.com/data-products/publications/guide-fy-2022/general-medical-surgical-hospitals

Methodology

The following tables reflect the bad debt, charity care/financial assistance, and total hospital revenues per hospital, per year.

2021

Hospital	2021 Charity Care	2021 Bad Debt	2021 Total Revenue	2021 % Charity Care	2021 % Bad Debt
Ascension	$9,920,888.00	$15,331,925.00	$976,748,478.00	1.02%	1.57%
Aurora	$5,176,149.00	$7,483,120.00	$686,163,369.00	0.75%	1.09%
Children's Wisconsin	$33,656.00	$314,532.00	$39,264,502.00	0.09%	0.80%
ThedaCare	$8,873,204.00	$18,363,615.00	$1,555,630,527.00	0.57%	1.18%

Charity care and bad debt numbers for each hospital come from the Wisconsin Hospital Association's Uncompensated Care Report (UCR) for 2021, available at: https://www.wistatedocuments.org/digital/collection/p267601coll4/id/31667/rec/4 . Percentages were calculated based on these numbers, to two decimal places (the UCR only rounds to one).

Gross Patient Revenue numbers for each hospital come from data attached to the Wisconsin Hospital Association's annual Guide to Wisconsin Hospitals for 2021, available at: https://www.wistatedocuments.org/digital/collection/p267601coll4/id/31671/rec/12.

2020

Hospital	2020 Charity Care	2020 Bad Debt	2020 Total Revenue	2020 % Charity Care	2020 % Bad Debt
Ascension	$10,742,475.00	$10,182,662.00	$874,772,305.00	1.23%	1.16%
Aurora	$5,388,283.00	$3,171,378.00	$569,896,049.00	0.95%	0.56%
Children's Wisconsin	$65,219.00	$288,216.00	$36,306,695.00	0.18%	0.79%
ThedaCare	$6,225,219.00	$20,704,820.00	$1,348,662,228.00	0.46%	1.54%

Charity care and bad debt numbers for each hospital come from the Wisconsin Hospital Association's Uncompensated Care Report (UCR) for 2020, available at: https://www.wistatedocuments.org/digital/collection/p267601coll4/id/29763/rec/5. Percentages were calculated based on these numbers, to two decimal places (the UCR only rounds to one).

Gross Patient Revenue numbers for each hospital come from data attached to the Wisconsin Hospital Association's annual Guide to Wisconsin Hospitals for 2020, available at: https://www.wistatedocuments.org/digital/collection/p267601coll4/id/29764/rec/5.

Methodology

The following tables reflect the bad debt, charity care/financial assistance, and total hospital revenues per hospital, per year.

2019

Hospital	2020 Charity Care	2020 Bad Debt	2020 Total Revenue	2020 % Charity Care	2020 % Bad Debt
Ascension	$8,772,922.00	$10,861,365.00	$849,772,166.00	1.03%	1.28%
Aurora	$7,015,247.00	$7,487,876.00	$558,548,670.00	1.26%	1.34%
Children's Wisconsin	$18,956.00	$263,160.00	$38,508,915.00	0.05%	0.68%
ThedaCare	$9,057,070.00	$13,698,696.00	$1,326,914,915.00	0.68%	1.03%

Charity care and bad debt numbers for each hospital come from the Wisconsin Hospital Association's Uncompensated Care Report (UCR) for 2019, available at: https://www.wistatedocuments.org/digital/collection/p267601coll4/id/26034/rec/4. Percentages were calculated based on these numbers, to two decimal places (the UCR only rounds to one).

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