

4/07

**BELLIN HEALTH SYSTEM, INC.**  
**FINANCIAL ASSISTANCE**

Purpose:

To define the rules and methods to determine which Bellin Health patients are eligible for financial funding from Bellin Health because of their inability to pay for services.

Policy:

1. In accordance with Bellin Health Systems' mission as a community steward and as a not-for-profit organization, we will provide financial assistance to patients who are able to demonstrate financial need regardless of race, creed, color, sex, national origin, sexual orientation, age, or source of income.
2. Bellin Health Financial Assistance program can be approved only after all other financial and third-party resources are exhausted.
3. Generally, eligible services are those services provided by Bellin Health and are services considered a covered service by the Medicare program. Specific services not covered by the Financial Assistance program include but are not limited to:
  - a. Services which require payment at the time of service.
  - b. Elective services.
  - c. Services provided by organizations using the marketing name Bellin Health Partners.
4. Eligible services approved for Financial Assistance for one Bellin Health bill are applied to qualifying balances for all Bellin Health bills.
5. Total system accounts with balances of \$100 or less are not eligible for Financial Assistance adjustments. Co-pays are not eligible since these should be paid for at the time of service.
6. Information regarding the Financial Assistance program is readily available per the following:
  - a. All registration areas and billing offices.
  - b. All patient statements, billing office mailings and letters, will indicate there is financial assistance available and explain how to obtain information about the Financial Assistance Program.
7. Patients have a responsibility to inform Bellin Health of their need for financial assistance, supply the information required and complete the application, and to cooperate to the best of their ability with the application process. Patients who do not take the responsibility to contact Bellin Health in a timely manner will have their account processed via the routine collection process. Refusing to supply the information or falsifying information on the application will result in denial of the application.
8. Patients who are unable to complete the application will be provided assistance to do so.
9. Patients who are approved for less than a 100% Financial Assistance discount and do not make payments to meet their portion of the financial responsibility will be processed via the routine collection process for the portion for which they are responsible.

10. Financial Assistance discounts are applied to Bellin Health accounts with outstanding balances for services provided one year prior to approval and up to three months following the date of approval. At that time, if a financial need still exists, the patients must reapply.
11. Bellin Health reserves the right to change the benefit determination if financial circumstances change or additional information is obtained.
12. Bellin Health also offers nonpatient billed health care services based on referrals from the N.E.W. Community Clinic. The N.E.W. Community Clinic determines program eligibility. Bellin Health does not assume responsibility for program administration.

Procedure:

1. Patients expressing concerns about their ability to pay for services received from Bellin Health will be offered information about the Financial Assistance program and, if requested, a Financial Assistance application.
2. The following are required to process a Financial Assistance request:
  - a. The completed application.
  - b. Most recent three (3) months of check stubs, bank statements, award letters, or other proof of any or all of the following that apply.
    - 1) Employment income or a letter from the employer indicating gross earnings.
    - 2) Unemployment compensation earnings.
    - 3) Monthly benefit amount of any assistance or maintenance payments such as child support, alimony, housing allowance, food stamps, etc.
    - 4) Pension received for the last three months.
    - 5) Social security or disability income.
  - c. A copy of the most recent federal income tax form (1040) including all schedules. The adjusted gross income line will be used for income determination:
    - 1) Line 37 of the 2006 1040 federal tax form.
    - 2) Line 21 of the 2006 1040A federal tax form.
    - 3) Line 4 of the 2006 1040EZ federal tax form.
3. The information requested in #2 above should be the patient's information if the patient is 18 or older. If younger than 18, it should be the guarantor's information.
4. Applications will be processed within 15 business days of receipt of a completed application. All patients will be notified in writing of the results of their application.
5. If the application is not complete, the patient will be notified in writing and the additional information will be requested. Patients will be offered the option of assistance in completing the application at this time. Patients not responding with the necessary information in a timely manner will have their account follow our normal collection process.
6. Patients will continue to receive statements while the application is being processed.
7. The Financial Advisor will determine:
  - a. *Assets* – this includes cash, stock bonds, retirement assets, home equity, business equity and other land and real property equity.
  - b. *Liabilities* – this includes all unsecured debt such as credit card and health care debt.
  - c. *Income* – using the last three months annualized or the latest tax return, whichever most accurately reflects the patient's current situation.

8. The Business Office manager will approve or deny accounts with adjustments greater than \$10,000.
9. Notes regarding the results of the Financial Assistance application and decision will be made in the billing system. The note will include:
  - a. Date of receipt of application.
  - b. Date approved or denied.
  - c. Percentage approved.
10. Financial Assistance applications will be kept on file for seven (7) years before being destroyed.
11. If a patient does not have the necessary assets to pay a bill, we will review the patient's income to determine the amount of financial assistance for which the patient is eligible. Any income below 200% of the federal poverty guideline will receive 100% financial assistance. Incomes ranging from 200% to 400% of the federal poverty guideline will receive a % of financial assistance on a calculated sliding scale.
12. After asset determination, a patient's liability will be capped at 15% of their annualized income.

Approved by the Board of Directors and Effective May 1, 2007

Bellin Health System, Inc.  
Business Office Policy & Procedure Manual

Supersedes New Policy

This policy/procedure has been reviewed by:

Vice President,  
Chief Financial Officer  Date 5/8/07

Team Leader,  
Business Office  Date 5/8/07