FINANCIAL ASSISTANCE

Scope:

<table>
<thead>
<tr>
<th>Bellin Health System (BHS)</th>
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</thead>
<tbody>
<tr>
<td>Bellin Memorial Hospital (BMH)</td>
<td>Department Specific</td>
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<tr>
<td>Bellin Psychiatric Center (BPC)</td>
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</tbody>
</table>

The Financial Assistance policy encompasses the operations of Bellin Memorial Hospital, Inc., Bellin Psychiatric Center, Inc., and Bellin Health Oconto Hospital, Inc., herein referred to collectively as “Bellin Health.”

Purpose:

Together with our “Billing & Collection” policy (BusOf.022), our “EMTALA Standards of Conduct” policy (PROC.008), and our Mission and Vision: we have outlined the process to ensure the community has availability to financial assistance while adhering to state, federal, and regulatory guidelines.

Performed by: Bellin Health Revenue Cycle

Policy:

1. Applicable to all eligible patients within Bellin Health.
   a. Bellin Health Home Care Equipment is excluded from this policy.
2. Partners of Bellin Health System (including but not limited to members of Bellin Health Partners) are not covered under this policy (see Attachment B).

Definitions:

Application Period: The period during which Bellin Health must accept and process an application for financial assistance. With respect to any care provided by Bellin Health to an individual, the Application Period begins on the date the care is provided and end on the later of the 240th day after the date the first post-discharge billing statement for the care is provided or, in the case of an individual Bellin Health is notifying as described in Section 1.501(r )-6(c ) (4) of the Treasury Regulations, the deadline specified by written notice. Applications completed outside of the Application Period will be reviewed by Community Care Committee.

Amount Generally Billed (AGB): An account’s gross charges multiplied by the amount generally billed percentage. Following a determination of FAP-eligibility, a FAP-eligible individual may not be charged more than AGB for emergency or other medically necessary care. Please see page 5 of this policy under the “Amount Generally Billed” section for further detail.
Amount Generally Billed Percentage: The sum of all reimbursement amounts from Medicare and private health insurers over the last twelve months divided by the sum of the gross charges. Please see page 5 of this policy under the “Amount Generally Billed” section further detail.

Eligible Services: All emergency and other medically necessary care provided by any Bellin Health hospital facility. Generally, those defined by Medicare as services and items that are reasonable and necessary for the diagnosis or treatment of illness or injury.

Services Not Eligible:

-- Services that will not be eligible are defined as not medically necessary, not typically covered by Medicare, are defined by Medicare and/or other health insurance coverages as not medically necessary.

-- Services included but not limited to: fertility services, hearing aids, cosmetic surgery.

Emergency Medical Conditions: Conditions in which immediate medical attention is needed to avoid serious impairment of organs or bodily functions or serious threat to life.

Household Income: The income of all individuals determined in the household size.

Household Size: Is determined as the number of individuals for whom the taxpayer is allowed a deduction on their federal tax return.

Federal Poverty Levels: The income level defined by the Department of Health and Human Services.

Financial Assistance: Free or discounted health care services provided where a guarantor cannot afford to pay all or a portion of their financial liability as determined by Bellin Health’s Financial Assistance policy.

Guarantor: Any individual(s) having financial responsibility for a patient balance.

Gross Charges: Total charges at full established rate for the provision of patient care services before deductions from revenue are applied.

Homeless: As defined by Federal Government: An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangements.

Medically Necessary: According to Medicare.gov, “medically necessary” is defined as “health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.”

Outstanding Receivables: Equals gross charges less adjustments and payments.

Patient Balance: That portion of a patient account that is the guarantor’s financial responsibility.
Financial Assistance Program

Payment Plan: An agreement between a guarantor and Bellin Health for the purpose of paying off a patient balance. Payment plans:
-- Are interest free
-- Have to consist of at least $100 per month payment
-- Can last up to 24 months
-- Payments determined by taking the total patient balance at the time of the agreement and dividing evenly over the agreed number of months.
-- Are automatically withdrawn from a patient provided credit/debit card or bank account on a day of the month selected by the patient.

Presumptive Eligibility: Allows individuals that are assumed to get 100% financial assistance without going through the application process. Evidence of eligibility for certain qualifying programs need to be provided.

Qualification Period: A determination of financial assistance will be effective for a period of up to 6 months for subsequent emergency or medically necessary care from the date the application was approved.
-- Retroactively – all balances greater than zero (current accounts and bad debt) will be eligible for financial assistance. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.

Uninsured Discount: Any uninsured patient will qualify for a discount on eligible gross charges. See Appendix 1.

Uninsured: Any account with no third party insurance.

Underinsured: Any account with a third party payer where the guarantor has out-of-pocket expenses that exceed his or her financial abilities.

Policy Availability:

To obtain a copy of this policy and the financial assistance application:
1. Visit the website at bellin.org.
2. Contact Patient Financial Services at 920-445-7210.
3. Visit any Bellin location.
4. The “Billing & Collection” policy (BusOf.022) can also be obtained for free by visiting bellin.org.
Eligibility Criteria:

1. Eligibility for financial assistance will be considered for those individuals who:
   a. Qualify through the application process.
   b. Have presumptive eligibility.
   c. Meet medically necessary definition.
2. Bellin Health Financial Assistance program can be approved only after all other financial and third-party resources are exhausted. Guarantors choosing not to cooperate in applying for programs may be declined financial assistance.
3. Guarantors identified as likely to qualify for Medicaid must apply for Medicaid coverage or produce a denial that was received in the previous 6 months of applying for financial assistance.
4. Out-of-network balances will receive the self-pay discount but will not be eligible for financial assistance.
5. Payment from personal health accounts such as Health Saving Accounts, a Health Reimbursement Account, a Flexible Spending Account or a Cafeteria Plan will be exhausted prior to being granted financial assistance.

Eligible Services:

1. All emergency and other medically necessary care provided by any Bellin Health hospital facility. Services must be needed to prevent, diagnosis, or treat an illness, injury, condition, disease, or its symptoms and meet accepted standards of medicine.
2. Cosmetic services are not eligible for financial assistance.

Applying for Financial Assistance:

1. The guarantor must complete the Community Care application form (10-4222, 10-4222sp) and submit the documentation required.
   a. Most recent Federal/State income tax forms.
   b. Paycheck/Unemployment check stubs (past 3 months), written statement of earnings, or gross earnings from your employer (past 3 months).
   c. Forms approving or denying Unemployment, Workers Compensation, or Assistance from the Department of Public Aid.
   d. Statement of annual benefits from Social Security.
   e. Checking/Savings account statements (past 3 months) – monthly statements must be complete with bank or credit union name, your name, and include all pages.
   f. Documentation/Verification of other programs such as but not limited to WIC, WI Food Share Program, WI Free/Reduced Lunch, Low Income Housing, and Energy Assistance.
2. Incomplete applications will receive a letter detailing what is missing. If no response after 3 weeks, the applicant will receive a final request letter. If the applicant has not responded within the 30-day time frame, the application will be closed and the billing and collection process will continue.
3. If an application, complete or incomplete, for financial assistance under the FAP is submitted by a guarantor, at any time prior to the Application Deadline, Bellin Health will suspend ECAs while such financial assistance application is pending. Accounts will be put on hold while being reviewed for eligibility.
4. Applications for financial assistance may be submitted at any time during the Application Period, whether or not they are in bad-debt.

Financial Assistance:

1. After a complete review the guarantor may be eligible for the following assistance:
   a. Uninsured Discount: Patients with no third-party coverage will be provided an uninsured discount at the time services are rendered. They may also qualify for an additional discount through Financial Assistance.
   b. Full Discount: Any guarantor whose gross income is at or below poverty level listed on the discount sliding scale in Attachment A.
   c. Discounted Care: A sliding scale discount will be provided for services according to the schedule in Attachment A.
   d. Catastrophic Discount: Guarantors that are unable to meet the financial assistance eligibility guidelines may be eligible for assistance under circumstances when they have incurred out-of-pocket expenses that exceed 15% of family income. Expenses over the 15% would qualify for 100% financial assistance.

Presumptive Eligibility:

1. Bellin Health provides 100% financial assistance for the medically necessary treatment under the presumptive guidelines to the patient who is:
   a. Homeless.
   b. Deceased with no known estate.
   c. Approved by court bankruptcy (Chapter 7). All account balances as of the date the bankruptcy is discharged will be written off. All other bankruptcies (Chapter 13, 128 etc.) will follow the direction of court order. Dates of services postdate of discharge are subject to community care application.
   d. Referred from NEW Free Clinic, Twin Counties Free Clinic or other free clinic.
   e. The patient that is at or below the determined threshold for payment assistance rank order score. (Refer to Attachment A)
   f. Eligible for Food Share in the State of Wisconsin or other government-funded food assistance programs. Letter of eligibility needs to be submitted.

Amount Generally Billed

1. The amount generally billed is the expected payment on gross charges. For qualifying patients, the AGB will be determined prior to applying financial assistance. Bellin Health will use the Look Back Method.
2. The Look Back Method will be based on amounts allowed under Medicare Fee-For-Services together with all private health insurers paying claims to Bellin Health. The claims to be included in the AGB calculation will be twelve months of resolved claims. The AGB will be calculated annually. The amounts for co-insurance, co-payments and deductibles will be included in the numerator along with the Medicare Fee-For-Service together with all private health insurers paying claims. The gross charges for said claims will be included in the denominator.
3. Based on the Look Back Methodology, Bellin Health’s current AGB is 44% of gross charges.
Financial Assistance Program

Regulatory Requirements

Bellin Health will comply with all federal, state and local laws, rules and regulations and reporting requirements that may apply to activities conducted pursuant to this policy. This policy requires that Bellin Health track financial assistance provided to ensure accurate reporting. Information on financial assistance provided under this policy will be reported annually on the IRS Form 990 Schedule H.

Recordkeeping

Bellin Health will document all financial assistance in order to maintain proper controls and meet all internal and external compliance requirements.

Bellin Health

Supersedes Financial Assistance Policy (FAP) 10/16

COO/Chief Financial Officer – Jim Dietsche

Team Leader, Revenue Cycle – Jennifer Popek

Team Leader, Patient Financial Services – Jacob Rouse

Bellin Health Systems, Inc. Board of Directors approval: July 30, 2019
Financial Assistance Program

Related Documents:

  Community Care Application Form (10-4222, 10-4222sp)
  Discount Sliding Scale – Attachment A
  Partners Not Covered Under Bellin Health’s Financial Assistance Policy – Attachment B

Related Postings:

  N/A

Key Search Words:

  Financial Assistance
  Financial Terms
  Patient Payments
  Paying Bills
  Payment Plans
DISCOUNT SLIDING SCALE

- **Uninsured Discount**: Patients with no insurance will receive a 35% discount.
- **Discount for Eligible Patients**: Patients will receive the below discount based on household income:
  - Bellin Sliding Fee Schedule
  - < 220% is 100% discount
  - > 400% is 0% discount

<table>
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<th>Income as % of the Poverty Level</th>
<th>0% to 220%</th>
<th>221% to 240%</th>
<th>241% to 260%</th>
<th>261% to 280%</th>
<th>281% to 300%</th>
<th>301% to 320%</th>
<th>321% to 340%</th>
<th>341% to 360%</th>
<th>361% to 380%</th>
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<tbody>
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</table>

Presumptive Eligibility:

*Bellin Health provides 100% financial assistance for the medically necessary treatment under the presumptive guidelines to the patient who is:*

1. Guarantors with payment assistance rank order score less than or equal to 425.
2. Homeless.
3. Deceased with no known estate.
4. Approved by court bankruptcy (Chapter 7). All account balances as of the date the bankruptcy is discharged will be written off. All other bankruptcies (Chapter 13,128, etc.) will follow the direction of court order. Dates of services postdate of discharge are subject to community care application.
5. Eligible for Food Share in the State of Wisconsin or other government-funded food assistance programs.
PARTNERS NOT COVERED UNDER BELLIN HEALTH’S
FINANCIAL ASSISTANCE POLICY

The following partners are not covered under Bellin’s Financial Assistance Policy. This list contains no Partners of Bellin Health System (not owned or employed by Bellin). This list will update periodically and may not be up to date. Visit bellin.org and bellinhealthpartners.org list most updated list.

- Anesthesia Associates/Physicians Accounting
- Apogee Medical Management
- East Side Family Practice
- Edward VanBeek, DPM
- Elite Foot & Ankle Clinic, SC
- Eye Associates of Green Bay, SC
- Glen Hansen, DPM
- Green Apple Eye Care
- Green Bay Emergency Medicine Services
- Green Bay Plastic Surgical Associates, SC
- Green Bay Surgical Center
- Medi-Weight Loss De Pere
- Orthopedic & Sports Medicine Specialists of Green Bay
- Radiation Oncology Specialists of Appleton
- Radiology Chartered
- Synergy Physicians
- Tower Clock Eye Center
- Tower Clock Surgery Center
- Urology Associates of Green Bay