

**FINANCIAL ASSISTANCE**

Scope:

Bellin Health System (BHS)	X	Bellin Health Oconto Hospital (BHOH)
Bellin Memorial Hospital (BMH)		Department Specific
Bellin Psychiatric Center (BPC)		

Purpose:

Together with our Billing & Collection policy and Bellin’s 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 underinsured or uninsured patients within the Bellin Health System.
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. The Application Period begins on the first statement date and continues for 240 days. Applications completed outside of the 240 days will be reviewed by Community Care Committee.

*Amount Generally Billed (AGB):* An account’s gross charges multiplied by the amount generally billed percentage.

*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.

*Eligible Services:* 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.

## Financial Assistance Program (EAP)

*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.

*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.

## Financial Assistance Program (EAP)

*Qualification Period:* A determination of financial assistance will be effective for a period of up to 6 months for subsequent emergent 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.
- Refunds – accounts with balances greater than zero dollars that are within the application period are eligible for financial assistance but are not eligible for refunds. Self-pay payments made after applying for financial assistance are eligible for refunds. Health Reimbursement Accounts or Health Savings Accounts will NOT be refunded. If a guarantor receives financial assistance, all accounts greater than zero will be adjusted regardless of the age and status of the accounts.

*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 application:

1. Visit the website at [bellin.org](http://bellin.org).
2. Contact Patient Financial Services at 920-445-7210.
3. Visit any Bellin location.

### **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. Services that are eligible for financial assistance must meet the definition of medically necessary. 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. Copy of Federal tax return and all attached schedules, from the most recent tax year.
  - b. Current Proof of Income (copy of last 3 months of recent pay stubs).
  - c. Proof of other income including but not limited to; unemployment, workers compensation, alimony, trust income, veteran's benefits, pension, child support, disability.
  - d. Current bank statements for purpose of confirming income.
  - e. Additional documents might be required to support life changing events.
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 up to 240 days after the date of first billing statement 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.

### **REGULATORY REQUIREMENTS**

Bellin Health System 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.

## Financial Assistance Program (EAP)

Bellin Health

Supersedes Financial Assistance Policy (FAP) 10/16

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COO/Chief Financial Officer – Jim Dietsche

Director, Revenue Cycle – Kayne Coleman

Team Leader, Patient Financial Services – Jacob Rouse

Financial Assistance Program (EAP)

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

Income as % of the Poverty Level		0% to 220%	221% to 240%	241% to 260%	261% to 280%	281% to 300%	301% to 320%	321% to 340%	341% to 360%	361% to 380%	381% to 400%
Family Size	Poverty Guidelines	100% Full Discount	90% Discount	80% Discount	70% Discount	60% Discount	50% Discount	40% Discount	30% Discount	20% Discount	10% Discount
1	11,880	26,136	28,512	30,888	33,264	35,640	38,016	40,392	42,768	45,144	47,520
2	16,020	35,244	38,448	41,652	44,856	48,060	51,264	54,468	57,672	60,876	64,080
3	20,160	44,352	48,384	52,416	56,448	60,480	64,512	68,544	72,576	76,608	80,640
4	24,300	53,460	58,320	63,180	68,040	72,900	77,760	82,620	87,480	92,340	97,200
5	28,440	62,568	68,256	73,944	79,632	85,320	91,008	96,696	102,384	108,072	113,760
6	32,580	71,676	78,192	84,708	91,224	97,740	104,256	110,772	117,288	123,804	130,320
7	36,730	80,806	88,152	95,498	102,844	110,190	117,536	124,882	132,228	139,574	146,920
8	40,890	98,136	98,136	106,314	114,492	122,670	130,848	139,026	147,204	155,382	163,560

**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](http://bellin.org) and [bellinhealthpartners.org](http://bellinhealthpartners.org) list most updated list.***

- ❖ **Anesthesia Associates/Physicians Accounting**
- ❖ 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
- ❖ Tower Clock Eye Center
- ❖ Tower Clock Surgery Center
- ❖ Urology Associates of Green Bay