



THE BELLEVUE HOSPITAL

Quality Care, Close To Home

Patient Financial Services Department

Policy/Procedure Name: Financial Assistance Policy

I. Purpose:

To establish an effective and viable procedure for application and determination for financial assistance due to a patient's inability to pay.

The Bellevue Hospital is a tax-exempt, charitable organization under Internal Revenue Code 501 (c) that provides health care services on a nonprofit basis to all persons in need without regard to race, creed, or ability to pay. **Subject to the terms and conditions set forth below, Uninsured Patients who do not have the means to pay for services provided may request-and will be encouraged to apply for financial assistance.**

Consistent with its mission to provide high quality health care for the community, The Bellevue Hospital is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and are not able to pay for care. The Bellevue Hospital Financial Assistance Policy (FAP) exists to provide eligible patients, partially or fully discounted emergent or medically necessary care.

Emergency Medical Care- In compliance with the Emergency Medical Treatment and Labor Act (EMTALA), The Bellevue Hospital will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for financial assistance or the ability to pay.

II. Policy

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. The Bellevue Hospital offers both free care and discounted care, depending on individuals' family size and income.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid or insurance through the public marketplace) as appropriate before eligibility under this policy is determined. Additionally, any uninsured patients who are believed to have the financial ability to purchase health insurance may be encouraged to do so to help ensure healthcare accessibility and overall well-being.

Uninsured patients who do not qualify for financial assistance may receive a discount off the gross charges for their medically necessary services. These patients are expected to pay their remaining balance for care, and may work with financial counselors to set up a payment plan based on their financial situation.



THE BELLEVUE HOSPITAL

Quality Care, Close To Home

III. Definitions

The following terms are meant to be interpreted as follows within this policy:

1. **Charity Care:** Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy.
2. **Medically Necessary:** Hospital services or care rendered, both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity
3. **Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
4. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers
5. **Underinsured:** Insured patients whose out-of-pocket medical costs exceed 25% of their annual family income
6. **Amount Generally Billed (AGB):** The amount generally billed to insured patients for emergent or medically necessary care (determined as described in section (B) of the policy below)
7. **Gross Charges:** The full amount charged by The Bellevue Hospital for items and services before any discounts, contractual allowances, or deductions are applied.

IV. Procedures

(A) Eligibility

Applications for financial assistance must be submitted within 3 years from the date of the 2nd billing statement.

Services eligible for financial assistance include: hospital-level charges for emergency care, services deemed medically necessary by The Bellevue Hospital, and in general, care that is non-elective and needed in order to prevent death or adverse effects to the patient's health.

- ER physician, radiologist, anesthesiologist fees, Self-administered drugs and other professional fees are excluded.

The Bellevue Hospital will not charge patients who are eligible for financial assistance more than the amounts generally billed to insured patients.

- Outpatient Services- Eligibility determination is good for 90 days from the initial outpatient service.
- Inpatient Services- Eligibility must be determined for each inpatient admission unless the patient is readmitted within 45 days after discharge for the same underlying condition.

The Bellevue Hospital participates in the Hospital Care Assurance Program (HCAP), a State of Ohio mandated program.



THE BELLEVUE HOSPITAL

Quality Care, Close To Home

1. HCAP- Hospital Care Assurance Program

- a. A person is eligible if all of the following three conditions are met:
- The individual or family income is at or below the current Federal Poverty Income Guidelines (=or < 100%) for the family size.
 - The individual is an Ohio resident and not receiving public assistance in another state.
 - The individual is not a recipient of the Medicaid program.

2. Bellevue Care Assistance / Charity Care – Ohio residency requirements do not apply

- a. Uninsured- Uncompensated Charity Care (Without Insurance)
- A person is eligible if the individual or family is over the current federal poverty income guideline but less than or equal to 400% for the family size and, the individual does not have insurance coverage as illustrated by the table below.

FPL Level	101-200%	201-300%	301-400%
BCA Discount	100%	75%	57%

b. Insured-Uncompensated Charity Care (With Insurance)

- An insured person is eligible for a partial discount if the individual or family is over the current federal poverty guideline but less than or equal to 300% for the family size and following criteria is met:
 1. Patients/guarantors shall cooperate in supplying all third party information including Motor Vehicle or other accident information, requests for Coordination of Benefits, pre-existing information, or other information necessary to adjudicate claims, etc.
 - a. These resources must be exhausted prior to patient receiving financial assistance.

FPL Level	101-200%	201-300%
BCA Discount	50%	30%

c. Out of State Medicaid recipient-

- Patients covered by out of state Medicaid where the hospital is not an authorized provider and when the out of state Medicaid plan denies reimbursement, will be eligible for financial assistance upon verification of Medicaid coverage for the service dates.
 1. The patient will not be required to make a formal application for assistance. The hospital may submit the application and verification of coverage as proof of qualification.

3. Financial Assistance for Catastrophic Situations

- a. Medical expenses that result in patient responsible debts of greater than 25% of the gross annual family income will be reviewed for possible discount.
- b. In these cases, additional supporting documentation may be required.
- c. Applications will be reviewed by CFO to determine assistance.



THE BELLEVUE HOSPITAL
Quality Care, Close To Home

Uninsured patients who are not eligible for financial assistance under this policy due to exceeding the income requirements may be eligible to receive a discount equal to the current AGB percentage for medically necessary and emergency care that they receive.

Determinations for financial assistance eligibility will require patients to submit a completed and signed financial assistance application and may require appointments or discussion with hospital financial counselors.

(B) Income

Income shall be defined as total salaries, wages, and cash receipts before taxes (gross).

1. Receipts that reflect reasonable deductions for business expenses shall be counted for both farm and non-farm self-employment.
2. Child support is income when the patient is the child for whom the support payment is intended. If the mother or father is the patient, the child support payment is not income.

A signed, completed application will be used to determine and calculate income. Additional documentation is not required, but may be requested if necessary.

If zero income is reported, the patient/applicant is to clarify how they are surviving. This information will be documented or attached to the application.

If a Medicaid spend-down client has not reached the spend-down amount, the patient may use the incurred medical expenses for assistance.

When determining patients' eligibility, The Bellevue Hospital does not take into account race, gender, age, sexual orientation, religious affiliation, or social or immigrant status.

(C) Amounts Charged to Patients

Once eligibility for financial assistance has been established, The Bellevue Hospital 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.

To calculate the AGB, The Bellevue Hospital uses the "Look back Method" described in section 4(b)(2) of the IRS and Treasury's 501(r) final rule. In this method, The Bellevue Hospital uses data based on claims sent to Medicare fee-for service and private insurance for emergency and medically necessary care over the past year to determine the percentage of gross charges that is typically allowed. The AGB percentage is then multiplied by gross charges for emergency and medically necessary care to determine the AGB. The Bellevue Hospital re-calculates the percentage each year.

The current AGB percentage is listed on Appendix A of this policy.



THE BELLEVUE HOSPITAL

Quality Care, Close To Home

(D) Applying for Financial Assistance

To apply for financial assistance, patients must submit a completed and signed application to:

The Bellevue Hospital
Attention: Financial Counseling
PO Box 8004
Bellevue OH 44811

Financial assistance information and applications may be obtained as follows:

- Obtain an application at the Hospital's main registration desk, ER registration desk or at Patient Financial Services.
- Request to have an application mailed to you by calling the Financial Counselor (419)483-4040 ext.4888
- Request an application by mail at The Bellevue Hospital, Attention: Financial Counseling, PO Box 8004, Bellevue OH 44811.
- Download an application from The Bellevue Hospital website:
www.bellevuehospital.com/financialassistance

For more information about financial assistance programs or for help completing the application,
Patient Financial Services office at 419-483-4040 ext. 4888

Financial counseling office hours are 8am- 4:30pm, Monday-Friday

(E) Eligible Providers

Information for providers that are excluded from this financial assistance policy is listed on Appendix B.

Appendix A:

Current AGB /Self Pay Uninsured Discount:

<u>Year</u>	<u>Discount Amount</u>
2016	55%
2017	57%



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Quality Care, Close To Home

Appendix B: Covered Providers:

Independent physician services not covered under The Bellevue Hospital Financial Assistance Policy are listed below. Patients should contact providers directly to inquire for financial assistance information.

South Shore Imaging, Inc
PO Box 2393
Sandusky, OH 44871
419-502-6731 Phone
419-502-6732 Fax

South Shore Radiology, Inc (Vein & Body)
PO Box 1800
Sandusky, OH
419-502-6731 Phone
419-502-6732 Fax

Bellevue Anesthesia Associates, LLC
Kimberly Cleveland JD, MSN, RN, C-MBC, Practice Manager
216-470-1932

Emergency Professional Services
National Patient Service Center
Po Box 634704
Cincinnati, OH 45263-4704
888-952-6772