



SUBJECT: BMH/BCH Financial Assistance Policy		FILE NO.: ADM-LD-16-P
SPONSORING DEPARTMENT/COMMITTEE: Patient Financial Services		
SCOPE/CATEGORIES: Ball Memorial Hospital, Blackford Community Hospital		
ORIGINATOR:		APPROVED BY: Corporate Compliance Committee, 1/24/05
CREATION DATE: 4/1/1999	REVIEW/REVISION/EFFECTIVE DATES: 9/1/00, 4/1/02, 11/1/05, 8/13/09, 11/30/09	
KEY WORDS: Indigent/Limited Means/Partial Assistance/Financial		
RELATED DOCUMENTS/FORMS/POLICIES/ATTACHMENTS:		

PURPOSE:
 Ball Memorial Hospital and all subsidiaries are dedicated to serving the healthcare needs of its patients. Ball Memorial Hospital and all subsidiaries are committed to minimizing the financial barriers to health care that may exist for members of our community; in particular those not adequately covered by health insurance or governmental payment programs. As such, financial assistance to aid low income, uninsured or underinsured is available to all who ask for financial assistance after care has been rendered and to those who qualify.

POLICY:
 II. DEFINITIONS

A. **Cardinal Access** means household income that is equal to or less than 200% of the federal poverty guidelines for residents of Delaware and Blackford County. (Qualifying applicants will receive a 75% relief from their hospital obligation)

B. **Uninsured** means without medical insurance

C. **Limited Means** is an inability to pay full charges of the hospital obligation. The guarantor must request assistance, be ineligible for Cardinal Access and have income between 200% and 400% of the federal poverty guidelines for non-residents of Delaware and Blackford County. (Qualifying applications will receive a 50% relief from their hospital obligation)

D. **Partial Assistance** means a reduction in billed charges in accordance to the disposable income evaluation and asset determination for patients who don't qualify for Cardinal Access or limited means assistance and cooperate fully with the financial need determination process.

E. **Discount** means a sliding scale reduction of the actual patient account balance when paid in one lump sum amount. Discounts may be offered to uninsured patients who want to pay their bill and do not want to apply for financial assistance. The account reduction amounts are as follows:

\$0 - \$5,000.00	20%
\$5,001.00 - \$25,000.00	30%
Over \$25,000.00	40%

Any discounts for insurance co-pay or deductible amounts will be done according to management discretion.

F. **Asset Determination** means a financial need assessment will be performed by Patient Financial Services personnel to identify if a guarantor has assets that could satisfy the whole or partial payment of an account balance.

G. **Interest Free Financing** is handled by a third party entity (Personal Finance Company) for up to 36 months based on a sliding scale by account balance.

H. **Payment arrangements** means an installment contract payment program that allows a guarantor up to 72 months determined by a sliding scale by account balance to pay an outstanding balance@ 12% annual interest.

III. POLICY STATEMENTS

A. All Ball Memorial Hospital and all subsidiaries patients will receive notification of the financial assistance program policy. A guarantor may request an application to participate and this application will be mailed to the guarantor at the conclusion of their treatment. In order for a patient to be considered for Ball Memorial Hospital and all subsidiaries financial assistance or Cardinal Access programs, a signed completed copy of the application must be returned to the financial counseling services office within 10 calendar days of receipt.

B. Eligibility

1. This policy applies only to charges for hospital services provided by Ball Memorial Hospital and all subsidiaries and does not include physician, anesthesiologist, or professional charges that are not billed by the hospital.

2. All third party resources and non-hospital financial aid programs, including public assistance available through Medicaid and HIP, must be exhausted before financial assistance can be requested.

3. To determine eligibility, the guarantor must participate and cooperate fully with the approval process and submitting an application including:

a. Income from all sources: Social security benefits, Unemployment benefits, Child Support and Alimony payments, Pension, IRA or 401k disbursements, Rental Property payments, Farm or Partnership payments, and Personal Business revenue.

b. Copies of statements from Savings and Checking accounts, Certificates of Deposit, Stock, Bonds, and Money Market Accounts.

c. Value of assets including Home and Real Estate

d. Monthly Expenses

e. Number of Dependents

f. Copy of most recent pay or unemployment stub

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attachments: g. Copy of the most recent federal income 1040 tax form including copies of schedule

Schedule B – Interest Earned
Schedule C – Business Profit or Loss
Schedule E – Supplemental Income or Loss
Schedule F – Farm Profit or Loss

h. Signed copy of the financial assistance application

4. Financial assistance must be separately requested for each visit unless the patient is readmitted within 72 hours. The above information is not required if the visit is within 6 months and there has been no changes to the application. The guarantor signs attesting there have been no changes.

5. Falsification of any portion of an application or refusal to cooperate may result in denial of financial assistance.

6. For a patient who chooses not to participate or is denied financial assistance, the full measure of collection activity will continue through the billing cycle up to and including referral to a collection agency or attorney.

7. Ball Memorial Hospital and all subsidiaries may suspend collection activity on an account while an application is being processed.

C. PROGRAM ADMINISTRATION

The Ball Memorial Hospital and all subsidiaries financial assistance program will be administered by Patient Financial Services according to the following guidelines:

1. All patients will be billed for gross charges

2. Patients must request assistance and complete and sign a financial assistance application.

3. Upon receipt of the financial assistance application, Patient Financial Services personnel will first determine if the guarantor qualifies for Cardinal Access assistance. If the guarantor qualifies for Cardinal Access assistance, they will be notified and the account adjusted.

4. If the guarantor does not qualify for Cardinal Access assistance, but qualifies for limited means assistance and has been determined to be uninsured, a discount will be made to the account and the guarantor will be notified via mail. At the guarantor's request, payment arrangements will be made for the remaining balance.

5. If the guarantor does not qualify for Cardinal Access or Limited means assistance, a partial assistance adjustment may be made to the account based on financial need and the guarantor will be notified via mail. At the guarantor's request, payment arrangements will be made for the remaining balance.

6. For guarantors qualifying for assistance and whose hospital balance is greater than \$1,000.00; if the services rendered relate to an auto or liability accident, the accounts may be referred to our collection attorney to secure a hospital lien.

7. If after the determination of a financial assistance decision, the guarantor requests further financial relief, they can request an appeal of the decision. Their application will be referred to the Director of Patient Financial Services.

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8. Once financial assistance has been granted, the guarantor will not be supplied with documentation required to bill insurance companies. This will include a UB, 1500 and or detailed itemization of charges.

9. Ball Memorial Hospital and all subsidiaries reserve the right to review the financial assistance decision if the guarantor's financial circumstances have changed.

10. The financial policy applies to deceased patients when it has been determined that there are no assets of value in the estate.

11. Financial assistance may be granted to patients who qualify for government programs when funding has delayed payment. If later government assistance is awarded, the account balance will be reversed.

12. Financial Assistance may be granted to patients that are pending Medicaid approval with the appropriate county.

13. The financial assistance policy includes accounts that have been adjusted for the following reasons: Special Administrative Write-off and Bankruptcy. These accounts have been reviewed and financial need has been determined by a third party. Additional documentation will not be required.

14. Financial assistance may be granted to patient determined to be homeless. These patients often give their addresses as the Muncie Mission or A Better Way and are identified through registration and return mail process. Additional documentation will not be required by Patient Financial Services.

15. Financial assistance may be granted to uninsured patients that have transferred to a collection agency or attorney and it has been determined the patient lacks an ability to pay. The determination process for each entity will be documented and subject to audit by the Supervisor, Manager, or Director of Patient Financial Services.

16. Financial assistance may be granted for applications that are incomplete. Financial Applications submitted and approved prior to 08/13/2009 did not require a date or patient's signature.

IV. EXCEPTIONS

Any exceptions require Supervisor, Manager, Director or Executive Approval.

V. RESPONSIBILITY: Supervisor, Financial Counseling Services

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VI. Appendix

2009 HHS
Guidelines

Family Size	Annual Income					
	100% Poverty Level	200%	300%	400%	500%	600%
1	\$10,830.00	\$21,660.00	\$32,490.00	\$43,320.00	\$54,150.00	\$64,980.00
2	\$14,570.00	\$29,140.00	\$43,710.00	\$58,280.00	\$72,850.00	\$87,420.00
3	\$18,310.00	\$36,620.00	\$54,930.00	\$73,240.00	\$91,550.00	\$109,860.00
4	\$22,050.00	\$44,100.00	\$66,150.00	\$88,200.00	\$110,250.00	\$132,300.00
5	\$25,790.00	\$51,580.00	\$77,370.00	\$103,160.00	\$128,950.00	\$154,740.00
6	\$29,530.00	\$59,060.00	\$88,590.00	\$118,120.00	\$147,650.00	\$177,180.00
7	\$33,270.00	\$66,540.00	\$99,810.00	\$133,080.00	\$166,350.00	\$199,620.00
8	\$37,010.00	\$74,020.00	\$111,030.00	\$148,040.00	\$185,050.00	\$222,060.00

Effective 08/07/2009

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