

## Metro Health

FINANCIAL ASSISTANCE ELIGIBILITY					
Section	<b>PFS</b>	Former Policy Number	<b>PFS-D151</b>	Policy Number	<b>PFS-03</b>
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**▲ indicates change**

**Policy Statement** Metro Health Corporation and Metro Health Hospital (together, “Metro”) are not-for-profit, tax-exempt entities with a charitable mission of providing emergency and medically necessary health care services to residents of Metro’s primary and secondary service area, regardless of their financial status and ability to pay. The purpose of this Financial Assistance Policy is to ensure that processes and procedures exist for identifying and assisting patients whose care may be provided without charge or at a discount commensurate with their financial resources and ability to pay. This Policy shall apply to all locations of Metro Health Corporation and Metro Health Hospital.

**Key Words** Eligibility, Poverty Guidelines, Charity Care, Patient Pay

**Scope** Patient Registration, Pre Arrival Services, Michigan Department of Human Services, Patient Financial Services, Customer Service, Professional Billing. (For all locations of Metro Health Corporation and Metro Health Hospital.)

**General** In furtherance of its charitable mission, Metro will provide both (i) emergency treatment to any person requiring such care; and (ii) medically necessary health care services to patients who are permanent residents of the State of Michigan (and others on a case-by-case basis) who meet the conditions and criteria set forth in this policy; in each case, without regard to the patients’ ability to pay for such care.

It is the policy of Metro to provide financial assistance (care either for free or at discounted rates) to persons or families where: (i) there is limited or no health insurance available; (ii) the patient fails to qualify for governmental assistance (for example, Medicare or Medicaid); (iii) the patient cooperates with Metro in providing the requested information demonstrating financial need, or other facts and circumstances readily demonstrate financial need; and (iv) Metro makes an administrative determination that financial assistance is appropriate based on the patient’s ability to pay (as established by family income or based on criteria demonstrating presumptive eligibility) and the size of the patient’s medical bills.

Metro’s Chief Financial Officer shall have final authority over application of this policy and all financial assistance determinations. After Metro determines that a patient is eligible for financial assistance, Metro will determine the amount of financial assistance available to the patient by utilizing the Financial Assistance Guidelines (set forth as **Attachment A**). The Guidelines reflect family income levels tied to the most recent Federal Poverty Guidelines, and establish corresponding discount percentages. The Guidelines are to be adjusted annually to reflect the annual update to the Federal Poverty Guidelines, and to adjust the corresponding discount percentages to ensure that, in all cases, a patient determined to be eligible for financial assistance will not be billed more than the amounts generally billed by Metro for the same emergency or medically necessary services to individuals who have insurance covering such care.

Metro will regularly review this Financial Assistance Policy to ensure that at all times it: (i) reflects the mission of Metro; (ii) explains the decision processes of who may be eligible for financial assistance and in what amounts; and (iii) complies with all applicable state and federal laws, rules, and regulations concerning the provision of financial assistance to patients who are uninsured or otherwise eligible.

## **Nondiscrimination**

- A.** Metro will render health care services, inpatient and outpatient, to all Michigan residents who are in need of emergency or medically necessary care, regardless of the ability of the patient to pay for such services and regardless of whether and to what extent such patients may qualify for financial assistance pursuant to this policy.
- B.** Metro will not engage in any actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

## **Eligibility for Financial Assistance**

- A.** Financial assistance will be given for emergency or medically necessary services to patients who are financially eligible or medically indigent (in both cases, based on information provided via the Financial Assistance Application attached as **Attachment B**), or to patients who have been determined to be presumptively eligible. In addition, financial assistance may be provided in other circumstances on a case-by-case basis as determined by the Metro's Chief Financial Officer (or other senior executive for financial matters, without regard to title) in his or her discretion.
- B.** A determination of qualification for financial assistance will cover services provided by Metro on an inpatient or outpatient basis. For these purposes, the policy also covers the rendering of professional services by physicians and other providers employed directly by Metro as well as other professional services rendered by the other physicians and providers delivering care at Metro, all of whom participate in the provision of emergency and/or medically necessary care at Metro and have agreed to be covered by this policy, except for those providers listed on <https://metrohealth.net/about-metro-health/billing-payment-options/financial-assistance/>.
- C.** Where possible, prior to the admission or rendering of service, a Metro Representative will conduct an interview with the patient, the guarantor, and/or his other legal representative. If an interview is not possible prior to the admission or rendering of service, the interview should be conducted upon admission or as soon as possible thereafter. In the case of an emergency admission, the evaluation of payment alternatives may not take place until the required medical care has been provided.
- D.** At the time of the initial patient interview, the Metro Representative will gather routine demographic information and information regarding all existing third-party coverage. In cases where a patient has limited or no third-party coverage, the Metro Representative will determine if the patient qualifies for medical assistance from other existing financial resources such as Medicare, Medicaid, or other state and federal programs. The Metro

Representative will be available to assist the patient with enrolling in any governmental payment programs that may be available. If the patient refuses to apply for or provide information necessary to the application process, he or she will be ineligible for financial assistance pursuant to this policy. If the application(s) to the above-mentioned medical financial assistance resource(s) is (are) denied, not adequate, or was (were) previously denied, consideration for financial assistance will then be given.

- E. All patients who have no insurance coverage or other third-party payment source will automatically be granted the Self-Pay Discount. The Self-Pay Discount will be reversed if the patient is later determined to qualify for financial assistance under the income-based guidelines, in which case the financial assistance discount explained below will apply in lieu of the Self-Pay Discount. The Self-Pay Discount will be adjusted as needed to ensure that self-pay patients are not charged more than amounts generally billed (“AGB”) by Metro.
- F. In cases where third-party coverage (including private insurance or payment by governmental program) is nonexistent or likely to be inadequate, the Metro Representative will inform the patient of the availability of Financial Assistance. Patients seeking financial assistance will be asked to complete the Financial Assistance Application attached as **Attachment B** to this policy. Copies of the application form are available from any Metro Representative and at <https://metrohealth.net/about-metro-health/billing-payment-options/financial-assistance/> Applications may be completed directly by the patient, by the patient’s guarantor and/or other legal representative, or by a Metro Representative based on information derived from any of the foregoing through an interview either in person or by telephone, or reliable information provided in writing. If assistance is needed with gathering necessary information or materials requested as part of the Financial Assistance qualifying process, patients are encouraged to contact a trained Metro Representatives at (616) 252-7110 or 1-800-968-0051. Metro Representatives may also assist patients with assessing their financial situations, gathering information requested by Metro, and assisting with similar tasks.
- G. Patients completing the Financial Assistance Application must return the signed form to through any of the following measures:
- Hand-deliver the form to the Financial Counselor or Cashier at Metro Health Hospital Lobby or any Patient Registration Desk.
  - Mail to Metro Health Hospital: Customer Service Representative, PO Box 913 Wyoming, MI 49509-0913
  - E-mail the form to [CustomerService@metrogr.org](mailto:CustomerService@metrogr.org)

Financial Assistance Applications will be considered if received at any time during the 240-day period following the first post-discharge billing statement issued by Metro to the patient for such care.

- H. Eligibility for financial assistance is conditioned upon the patient’s provision of complete and accurate information on the Financial Assistance Application set forth as **Attachment B**, and the patient’s timely cooperation throughout the financial assistance application process. In connection with determining a patient’s eligibility for financial assistance, Metro will not request information other than as described on **Attachment B**, although patients may voluntarily provide additional information that they believe to be pertinent to eligibility. If Metro contacts the patient to request missing information, the

patient will have a period of 30 days to respond. Failure to respond within that 30-day period will result in the Application being suspended from further processing; the patient may re-activate the Application by providing the requested information at any time during the 240-day period following the first post-discharge statement issued by Metro to the patient for such care. If a patient provides information that is inaccurate or misleading, he or she may be deemed ineligible for financial assistance and, accordingly, may be expected to pay his or her bill in full.

- I. Once a completed Financial Assistance Application is received, the Metro Representative will review the application. Patients who are determined to be presumptively eligible will be processed for financial assistance without need for completion of the Financial Assistance Application or other additional information from the patient.
- J. Patients who are uninsured and who do not qualify for financial assistance may contact Metro to discuss payment options, including the availability of a payment plan which will ultimately be handled through the Metro Care Payment Program. Metro Representatives will inform such patients of any other discounts that may be available under other Metro policies.

**Determination and Notification Regarding Financial Assistance**

- A. In the case of patients who are determined to be financially eligible for financial assistance, patients with family income of at or below 175% of the current Federal Poverty Guidelines will receive for a 100% reduction in the patient portion of billed charges (*i.e.*, full write-off), as set forth on **Attachment A**. Patients with family income of between 176% and 250% of the current Federal Poverty Guidelines will receive a sliding-scale discount on the patient portion of the billed charges, as indicated on **Attachment A**. In the case of patients who are determined to be medically indigent, the appropriate discount will be determined by the Metro Representative. The Patient Accounts Manager and the Chief Financial Officer may review on a case-by-case basis. Patients who are determined to be presumptively eligible for financial assistance will receive a 100% reduction in charges (full write-off).
- B. The applicable discount percentage from **Attachment A** will be applied to the gross charges otherwise billable to the patient. Such discounts have been established in a manner intended to comply with applicable Federal law, which prohibits Metro from billing a patient eligible for financial assistance more than the amounts generally billed (“AGB”) by Metro to patients with third-party coverage, calculated in this case using the look-back method set forth in applicable Treasury Regulations, considering amounts allowed by Medicare and commercial payors during a prior 12-month measurement period. The discount percentages set forth on **Attachment A** may be adjusted periodically (and at least annually) to ensure that such percentages comply with the foregoing standards under Federal law; any such adjustments will be effectuated through the attachment of an updated **Attachment A** to this Policy, which will be signed and dated by Metro’s Chief Financial Officer. Metro will begin applying the adjusted discount percentages not later than 120 days after the end of the 12-month measurement period with respect to which Metro’s adjusted AGB has been calculated. In addition, charges for uninsured patients below 250% of the current Federal Poverty Guidelines will be limited to no more than 115% of the Medicare allowable per State of Michigan’s Health Michigan requirements.
- C. Within 60 days after submission of a completed Financial Assistance Application, Metro will determine whether the patient qualifies for financial assistance based on financial

eligibility or medical indigence and will notify the patient in writing of such determination and the amount of the discount to be provided. Unless otherwise determined by the Chief Financial Officer, Metro need not notify patients determined to qualify for financial assistance based on presumptive eligibility. In the event that Metro determines a patient *not* to qualify for financial assistance, Metro will notify the patient in writing of such determination, including the basis for the denial.

- D. Except as provided below, all determinations of qualification for financial assistance will continue in effect for 6 months from the first date of services subject to the determination. Accordingly, if a patient has qualified for financial assistance within the last 6 months and the patient's financial circumstances, family size, and insurance coverage have not changed, the patient will be deemed to have qualified for financial assistance with respect to additional emergency or medically necessary care, without having to submit a new Financial Assistance Application. However, if a patient has qualified for financial assistance but then experiences a material change in his or her financial circumstances and/or insurance status that may impact his or her continued qualification for financial assistance, the patient will be expected to communicate that change to Metro within 30 days or, in any event, prior to obtaining further healthcare services. Alternatively, Metro may request an update of the information provided on the Financial Assistance Application and, based on such updated information, may re-evaluate the patient's continued qualification.

### Impact on Billing and Collection Process

- A. Patients qualifying for discounted, but not free, care will be notified in writing regarding any remaining balance due. The patient may be asked to schedule an appointment with a Metro Representative to arrange payment terms which will ultimately be handled through the Metro Care Payment Program. Any such remaining balances will be treated in accordance with Patient Accounts policies regarding self-pay balances.
- B. In the event that a patient qualifies for financial assistance but fails to timely pay the remaining balance due (including, if applicable, per the terms of the agreed-upon payment plan), Metro may take any of the actions set forth in the Metro Billing and Collection Policy, a copy of which is available at <https://metrohealth.net/about-metro-health/billing-payment-options/financial-assistance/>. Consistent with the Billing and Collection Policy, Metro will not undertake any extraordinary collection actions (as defined in that Policy) without first making reasonable efforts to determine a patient's eligibility for financial assistance pursuant to this policy.

### Publication

- A. It is the policy of Metro that the existence and terms of this Financial Assistance Policy be made widely available to residents of Metro's primary and secondary service areas. In furtherance of the foregoing, Metro will utilize and widely distribute the plain-language summary attached as **Attachment C** to this Policy. Copies of such plain-language summary (i) will be included in patient registration materials and inpatient handbooks, (ii) will be offered to each patient as part of the intake or discharge process, and (iii) will be posted on Metro's website, along with this Policy and the Financial Assistance Application, in a prominent and easily accessible location. The plain-language summary will be available in English and any other language that is the primary language of the lesser of (i) 1,000 individuals, or (ii) 5% of the population within Metro's primary and

secondary service areas.

- B. Metro will conspicuously post, in the Patient Admitting and Registration areas as well as the Emergency Department, signage providing information regarding the availability of financial assistance and describing the application process. Such signage will include the following statement: *You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information, contact the Metro Representative Office at (616-252-7110) or 1-800-968-0051.* Such signs will be in both English and any other language that is the primary language of the lesser of (i) 1,000 individuals, or (ii) 5% of the population within Metro's primary and secondary service areas. Such signage will be posted in Metro Clinics and other areas throughout Metro facilities offering meaningful visibility.
- C. Metro will cause each billing statement sent to a patient to include a conspicuous statement regarding the availability of financial assistance, including (i) a phone number for information about this policy and the application process, and (ii) a website address where this policy, the Financial Assistance Application, and the plain-language summary are available. As provided in the Billing and Collection Policy, if Metro intends to undertake any extraordinary collection action (as defined in the Billing and Collection Policy), Metro will ensure that at least one billing statement includes a copy of the plain-language summary of this Financial Assistance Policy, as set forth on **Attachment C**, with such copy provided at least 30 days prior to undertaking the anticipated extraordinary collection action.

**Budgeting,  
Recordkeeping,  
and Reporting**

- A. The Chief Financial Officer will ensure that reasonable financial assistance, including both free care and discounted charges, is included in the annual operating budget of Metro. The budgeted amount will not act as a stopping point in providing financial assistance, but will serve as a projection to aid in planning for the allocation of resources.
- B. Metro will cause completed Financial Assistance Applications (along with required supporting information) to be maintained in the Customer Service Office records. Such records will also reflect information as to whether such applications were approved or denied, along with the handling of any requests for reconsideration.
- C. Financial assistance provided by Metro pursuant to this Policy will be calculated and reported annually as required under applicable law. Except as otherwise specifically permitted based on context, Metro will report its financial assistance provided to qualifying patients under this policy using the actual cost of services provided based on the total cost-to-charge ratio derived from Metro's Medicare cost report (and not the actual charges for the services).

**Confidentiality**

Metro recognizes that the need for financial assistance may be a sensitive and deeply personal issue for patients. Confidentiality of information and preservation of individual dignity will be maintained for all who seek financial assistance pursuant to this Policy. No information obtained in the patient's financial assistance application may be released except where authorized by the patient or otherwise required by law.

**Staff Information /  
Training**

- A. Metro will cause all employees in the Customer Service Office, Financial Counselor and Patient Registration/Check in areas to be fully versed in this Financial Assistance Policy, to have access to this Policy as well as the plain-language summary and Financial Assistance Application forms, and to be able to direct questions to the appropriate Metro office or representative.
- B. Metro will cause all staff members with public and patient contact to be adequately trained regarding the basic information related to this Financial Assistance Policy and procedures. They will also be able to direct questions regarding this Policy to the appropriate Metro office or representative.

**Definition(s)**

**Assets:** Any item of economic value owned by an individual, especially one that could be converted to cash. Examples are cash, securities, accounts receivable, inventory, equipment, a house (other than primary residence), a car, and other property. For these purposes, assets do not include a primary residence or other property exempt from judgment under Michigan law, or any amounts held in pension or retirement plans (although distributions and payments from such plans may be included as family income for purposes of this policy).

**Bad Debt Expense:** Uncollectible accounts receivable (where reasonable attempts to collect have been made), excluding contractual adjustments, arising from the failure to pay by patients: (i) whose health care has not been classified as financial assistance care; or (ii) who have qualified for financial assistance in the form of discounted care but have failed to pay the remaining balances due after application of discounts pursuant to this policy.

**Family:** The patient, his or her spouse (including a legal common-law spouse) and his or her legal dependents according to Internal Revenue Service rules.

**Family Income:** The sum of a family's annual earnings and cash benefits from all sources before taxes, less payments made for child support. Family income includes gross wages, salaries, dividends, interest, Social Security benefits, workers' compensation, veterans' benefits, training stipends, military allotments, regular support from family members not living in the household (other than child support), government pensions, private pensions, insurance, annuity payments, income from rents, royalties, estates, trusts, and other forms of income.

**Financial Assistance:** Either full or partial reduction in charges to patients for emergency or medically necessary care, in the case of patients who are financially eligible, presumptively eligible, or medically indigent, as those terms are defined in this policy. Financial assistance does not include bad debt or contractual shortfalls from government programs, but may include insurance co-payments, deductibles, or both.

**Financially Eligible:** A patient whose family income is at or below 250% of the Federal Poverty Guidelines, as set forth in **Attachment A** hereto, as demonstrated based on factual information provided by the patient on the Financial Assistance Application.

**Medically Indigent:** A patient who's medical or hospital bills after payment by a third-party payer exceed 25% of the patient's annual family income, and who is financially unable to pay the remaining bill. A patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.

**Medically Necessary:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Medicare. Medically necessary services do not include: (i) non-medical services such as social and vocational services; or (ii) elective cosmetic surgeries (for these purposes, plastic surgery procedures designed to correct disfigurement caused by injury, illness, or congenital defect or deformity are not considered "elective").

**Self-Pay Discount** – A 40% discount given to patients who have no insurance coverage or other third-party payment source. The Self-Pay Discount is offered in lieu of discounts available in cases where the patient qualifies for a discount under the income based guidelines detailed in this policy and set forth on **Attachment A**.

**Presumptively Eligible:** A patient who has not submitted a completed Financial Assistance Application, but who nonetheless is subject to one or more of the following criteria:

- Homeless
- Deceased with no estate
- Mentally incapacitated with no one to act on his or her behalf
- Medicaid eligible, but not on the date of service or for non-covered services
- Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines
- Incarceration in a penal institution

Metro's trained Metro Representatives will routinely review the foregoing criteria with patients, before asking patients to complete the Financial Assistance Application. Metro may also utilize other software programs or automated systems to determine presumptive eligibility. Patients who meet any of the foregoing criteria for presumptive eligibility will be deemed to be eligible for a 100% discount, and will not be asked or required to submit a Financial Assistance Application. Importantly, despite any indications of presumptive eligibility, any patient who is a known veteran or referred by a Veteran Affairs affiliated provider will need a letter from the Department of Military and Veterans Affairs indicating that the patient is medically indigent as of the date of care in order to qualify for financial assistance pursuant to this Policy.

**Approving Committee(s)** Metro Health Corporation Board of Committee(s)  
Directors

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2/19/2019 Date

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