

## Ascension – Mid-Michigan Region

(Genesys Regional Medical Center, St. Mary's of Michigan, St Mary's of Michigan – Standish Hospital and St. Joseph Health System, Employed Care Providers and Covered/Participating Providers)

### FINANCIAL ASSISTANCE POLICY

June 20, 2017

#### POLICY/PRINCIPLES

It is the policy of Ascension-Mid-Michigan Facilities and Covered Providers (the "Organization") to ensure a socially just practice for providing emergency or other medically necessary care at the Organization's facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
3. Attachment 1 – Covered and Non-Covered Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization's facilities that specifies which are covered by the financial assistance policy and which are not.

#### DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- "**501(r)**" means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- "**Amount Generally Billed**" or "**AGB**" means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- "**Community**" means geographic area as the definition of Community for the Community Health Needs Assessment.
- "**Emergency Care**" means such that the absence of immediate medical attention may result in serious impairment to bodily function, serious dysfunction of any bodily organ or part, or placing the health of the individual in serious jeopardy.
- "**Medically Necessary Care**" means care that is determined to be medically necessary

following a determination of clinical merit by a licensed physician in consultation with the admitting physician. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.

- **"Organization"** means Ascension-Mid-Michigan Region Facilities and Covered Providers.
- **"Patient"** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

## **Financial Assistance Provided**

Financial assistance described in this section is limited to Patients that live in the Community:

1. Patients with income less than or equal to 250% of the Federal Poverty Level ("FPL"), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the calculated AGB charges. The sliding scale discount is as follows:
  - a. Patients between 251% FPL and 275% FPL will receive 95% assistance
  - b. Patients between 276% FPL and 300% FPL will receive 85% assistance
  - c. Patients between 301% FPL and 350% FPL will receive 75% assistance
  - d. Patients between 351% FPL and 375% FPL will receive 70% assistance
  - e. Patients between 376% FPL and 400% FPL will receive 65% assistance
3. Patients with demonstrated financial needs with income greater than 400% of the FPL may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay. Ascension Mid-Michigan Region providers will consider Medical Indigence for applicants exceeding 400% of the FPL. When the total outstanding medical debt exceeds the gross household income for the past year the patient will be eligible for financial assistance not to exceed 95% write off. A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges.
4. For a Patient that participates in certain insurance plans that deem the Organization to be "out-of-network," the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient's insurance information and other pertinent facts and circumstances.
5. Patients that are eligible for financial assistance will be charged nominal copays based on the type of service provide in accordance with the Financial Assistance Copays identified below:
  - a. Outpatient Treatment/Diagnostic Testing \$ 5.00 Copay
  - b. High Dollar Diagnostic Testing/Urgent Care Services \$25.00 Copay
  - c. Outpatient Surgery/Emergency Care or Inpatient Stay \$50.00 Copay
6. Eligibility for financial assistance may be determined at any point in the revenue cycle

and may include the use of presumptive eligibility to determine eligibility notwithstanding an applicant's failure to complete a financial assistance application ("FAP Application").

7. Presumptive Financial Assistance should be provided at the 100% charity care level in the following situations:
  - a. Deceased patients where Ascension Mid-Michigan has verified there is no estate and no surviving spouse.
  - b. Patients who are eligible for Medicaid from another state in which Ascension Mid-Michigan facilities and providers are not participating providers and do not intend to become participating providers.
  - c. Patients who qualify for other governmental or local (i.e., county programs) assistance programs, such as food stamps, subsidized housing, Genesee Health Plan and Women's Infants and Children's Program (WIC).
  - d. Eligibility and information collected and utilized from prior Financial Assistance Policy Applications.
  - e. Documented evidence of information utilized in presumptive eligibility is required.
8. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
9. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
  - a. Request for Appeal Forms are included with Financial Assistance Program Partial Approval and Denial Notification letters.
  - b. Patient's requesting consideration must complete the Request for Appeal form included with the notification letter and include any additional information to be considered by the Organization's Appeal Committee.
  - c. Completed Request for Appeal Forms are sent to the  
Mid-Michigan Financial Assistance Program Appeals Committee  
One Genesys Parkway, Suite 3595  
Grand Blanc, MI 48439
  - d. Request for Appeal consideration forms must be submitted within 45 days of receipt of Financial Assistance Program Eligibility Determination Notification letter.
  - e. Appeals will be reviewed by the Mid-Michigan Regional Appeal Committee at least monthly.
  - f. All appeals will be considered by the Mid-Michigan Region's financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal within 45 days of receipt of Request for Appeal.

### **Other Assistance for Patients Not Eligible for Financial Assistance**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by

## Ascension Mid-Michigan Region.

1. Uninsured Patients who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.
2. Uninsured and insured Patients who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

### **Limitations on Charges for Patients Eligible for Financial Assistance**

Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by contacting the Financial Counseling Department of the Ascension Mid-Michigan facility or provider.

### **Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available by contacting the Financial Counseling Department of the Ascension Mid-Michigan facility or provider or on the servicing facilities/providers web site listed below:

<b>Facility/Health System Where Services Are/Will Be Provided</b>	<b>Website</b>
Genesys Health System	<a href="http://www.genesys.org/charitycare">www.genesys.org/charitycare</a>
St. Mary's of Michigan – Saginaw	<a href="http://www.stmarysofmichigan.org/charitycare">www.stmarysofmichigan.org/charitycare</a>
St. Mary's of Michigan – Standish Hospital	<a href="http://www.stmarysofmichigan.org/standishcharitycare">www.stmarysofmichigan.org/standishcharitycare</a>
St. Joseph's Health System – Tawas	<a href="http://www.sjhsys.org/charitycare">www.sjhsys.org/charitycare</a>
Ascension Medical Group Physician Practices – Genesys	<a href="http://www.genesys.org/charitycare">www.genesys.org/charitycare</a>
Ascension Medical Group Physician Practices – St. Mary's,	<a href="http://www.stmarysofmichigan.org/charitycare">www.stmarysofmichigan.org/charitycare</a>

## **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by contacting the Financial Counseling Department of the Ascension Mid-Michigan facility or provider.

## **Interpretation**

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.