

ASCENSION MICHIGAN
FINANCIAL ASSISTANCE POLICY
07/01/2019

POLICY/PRINCIPLES

It is the policy of Ascension Michigan (the “Organization”) which includes Ascension Providence Hospital (Southfield and Novi), Ascension St. John Hospital, Ascension Macomb-Oakland Hospital (Warren and Madison Heights) and Ascension River District Hospital 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. The List of 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**” for Ascension Michigan consists of the city of Detroit, and the counties of Wayne, Macomb, Oakland and St. Clair.
- “**Emergency Care/Emergency Medical Condition**” means the treatment of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbance, and symptoms of substance abuse) that the absence of immediate medical attention could reasonably be expected to result in:
 - a. Placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b. Serious impairment to any bodily function;
 - c. Serious dysfunction of any bodily organ or part; or
 - d. With respect to a pregnant woman who is having contractions:
 - i. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - ii. That the transfer may pose a threat to the health or safety of the woman or the unborn child.

- **“Medically Necessary Care”** means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. 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 Michigan.
- **“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 which represents the uninsured discount applied is as follows:

Charity Care Discount - Sliding Scale									
Family Size	Federal Poverty Level	250%	251% - 275%	276% - 300%	301% - 350%	351% - 375%	376% - 400%	> 400%	Uninsured Discount
1	\$12,490	\$31,225	\$31,226 - \$34,348	\$34,349 - \$37,470	\$37,471 - \$43,715	\$43,716 - \$46,838	\$46,839 - \$49,960	Patient may be eligible for Uninsured Discount or additional discounts based on Means Test	Uninsured patients
2	\$16,910	\$42,275	\$42,276 - \$46,503	\$46,504 - \$50,730	\$50,731 - \$59,185	\$59,186 - \$63,413	\$63,414 - \$67,640		
3	\$21,330	\$53,325	\$53,326 - \$58,658	\$58,659 - \$63,990	\$63,991 - \$74,655	\$74,656 - \$79,988	\$79,989 - \$85,320		
4	\$25,750	\$64,375	\$64,376 - \$70,813	\$70,814 - \$77,250	\$77,251 - \$90,125	\$90,126 - \$96,563	\$96,564 - \$103,000		
5	\$30,170	\$75,425	\$75,426 - \$82,968	\$82,969 - \$90,510	\$90,511 - \$105,595	\$105,596 - \$113,138	\$113,139 - \$120,680		
6	\$34,590	\$86,475	\$86,476 - \$95,123	\$95,124 - \$103,770	\$103,771 - \$121,065	\$121,066 - \$129,713	\$129,714 - \$138,360		
7	\$39,010	\$97,525	\$97,526 - \$107,278	\$107,279 - \$117,030	\$117,031 - \$136,535	\$136,536 - \$146,288	\$146,289 - \$156,040		
8	\$43,430	\$108,575	\$108,576 - \$119,433	\$119,434 - \$130,290	\$130,292 - \$152,005	\$152,006 - \$162,863	\$162,864 - \$173,720		
Charity Care Discount %		100%	95%	85%	75%	65%	55%	Varies	41%

Information from the U.S. Department of Health and Human Services as of January 11, 2019

Source: <https://aspe.hhs.gov/poverty-guidelines>

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. The “Means Test” can be completed with a Hospital-based Financial Counselor for balances related to hospital visits, or through the National Revenue Cycle Center for physician office visits to determine ability to pay. 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. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).
6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.

7. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. Upon receipt of denial of charity care, the Patient will also receive an appeal form in the event the Patient chooses to seek reconsideration. The appeal will be presented to the Charity Care Appeal Committee during a monthly review process, and the Patient will receive an appeal determination based on the decision of the Committee's review.
 - b. All appeals will be considered by the Charity Care Appeal Committee, and decisions of the committee will be sent in writing to the Patient or family that filed the 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 St. John Providence.

1. Uninsured Patients who are not eligible for financial assistance or any other program will be provided an uninsured discount of 41%.

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 sending a written request to the following address:

Ascension St. John Hospital
Attn: Financial Counseling/AGB – Main Registration
22101 Moross Road
Detroit, Michigan 48236

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 visiting: <https://healthcare.ascension.org/Financial-Assistance/Michigan>, and completed applications for financial assistance consideration for all St. John Providence hospital locations may be sent to:

Ascension St. John Hospital
Attn: Financial Counseling/FAP – Main Registration
22101 Moross Road
Detroit, Michigan 48236

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 collection policy is available upon request by sending a request to:

Ascension St. John Hospital
Attn: Financial Counseling/FAP – Main Registration
22101 Moross Road
Detroit, Michigan 48236

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.