UMHS Policy 01-03-003
Financial Assistance Policy
(Previously the Professional and Hospital Customer Service Charity Care Policy and Procedure)

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I. POLICY STATEMENT
UMHS Financial Assistance Policy (sometimes referred to as M-Support or Charity Care) has been established to identify patients who may qualify for financial assistance. Financial Assistance is offered to patients who are not able to pay for health care as determined primarily by the U.S. Federal Poverty Guidelines. Financial Assistance is considered a last resort; all options for obtaining third party coverage or identifying resources available to the patient should be considered first. Proper documentation must accompany all requests for Financial Assistance.

II. POLICY PURPOSE
The University of Michigan Health System (UMHS) is committed to serving residents of the State of Michigan who cannot obtain necessary medical care because of their inability to pay.

III. FINANCIAL ASSISTANCE GUIDELINES
A. Eligibility and Qualifications:
1. The patient’s ability to pay should be determined prior to providing the service whenever possible, the exception being emergency services where we are required to provide emergent medical care according to EMTALA laws. The UMHS provides care for emergency medical conditions (within the meaning of EMTALA) without discrimination to individuals regardless of their eligibility under this Financial Assistance eligibility policy.

2. Federal Poverty Level Guidelines for Household Income - A patient may qualify for a 100% adjustment of charges if the patient’s household income does not exceed 250% of the established Federal poverty level guidelines set forth for the
current year. A patient may qualify for a 55% adjustment of charges if the patient’s household income is between 250% and 400% of the established Federal Poverty Level guidelines set forth for the current year. Following a determination of eligibility, an individual will not be charged more than amounts generally billed (AGB) for emergency or other medically necessary care. The basis for calculating the AGB and AGB percentages, per the IRS guidelines, is the look-back method as described in the Federal Register of December 31, 2014, Additional Requirements for Charitable Hospitals. Charges for uninsured patients below 250% of the Federal Poverty Level will be limited to no more than 115% of the Medicare allowable per State of Michigan’s Healthy Michigan requirements.

3. Additional Criteria - In addition to the Federal Poverty Level guidelines, the patient must also meet the following criteria to be approved for a Financial Assistance adjustment:
   - Services must be medically necessary.
   - The applicant cannot be a student enrolled in a college or university.
   - The applicant must be a resident of Michigan.
   - The applicant must have applied for either Medicaid or an insurance plan on the health insurance exchange and been denied.
   - The applicant’s liquid assets may not exceed $10,000 with the following exception: The patient may have up to $100,000 in a retirement account, I.R.A., T.S.A., or 401K.

4. Patients who would qualify financially for Medicaid or insurance coverage may qualify for a Charity Care adjustment related to medically necessary non-covered services, co-pays and deductibles based on the income guidelines and other criteria in numbers ii and iii.

5. Patients who meet the UMHS financial criteria but who would not qualify financially for Medicaid may qualify for a Financial Assistance adjustment related to denied benefits for a pre-
existing condition, or exhausted benefits. The applicant must have exhausted all other financial resources and show financial need.

6. Patients who are eligible for COBRA coverage but have declined the coverage because the cost is greater than 25% of their net monthly income may be eligible for Financial Assistance.

7. UMHS has a contractual obligation to collect the allowable co-insurance and deductible amounts. However, a patient may be granted Financial Assistance for residual balances after insurance if a case can be made for financial hardship. UMHS will determine financial hardship in accordance with State and Federal laws, including oversight agencies acting in their behalf. The residual balances for patients determined to have financial hardship will be written off to charity care.

8. UMHS will have a documented process by which financial assistance levels will be determined in conjunction with state and federal regulations and Internal Revenue Service guidelines regarding uninsured individuals.

9. Patients may qualify for full or partial charity using presumptive charity scoring when documentation to determine Federal Poverty Level is not readily available from the patient. Qualification will be based on criteria outlined in number 2 only.

10. Additional cases may be authorized as Charity Care on an exception basis. Any exceptions to the Financial Assistance policy provisions enumerated above require the approval of a Financial Assistance exception group. Members of the exception group will be appointed by the Chief Revenue Cycle Officer or the Chief Financial Officer.

11. Documentation requirements to be included with the application:
   - Federal Income Tax Return for most recent tax year (Form 1040)
• Most recent Wage and Tax Statement (Form W-2) and/or Miscellaneous Income (Form 1099)
• Recent copy of pay stub with year-to-date earnings for each member of the household
• Proof of other income
• Current bank statement of checking/savings accounts
• Copy of valid Michigan driver’s license or Michigan state identification card
• IRA/401k statements
• Response from Medicaid, Healthy Michigan or Marketplace

12. Patients can apply for Financial Assistance by completing an application available on the UMHS Financial Assistance website: [www.uofmhealth.org/financial-assistance](http://www.uofmhealth.org/financial-assistance). Patients can access assistance to complete an application for Financial Assistance (M-Support), Medicaid, or a health insurance exchange plan by contacting the M-Support Program (contact information below).

B. FINANCIAL ASSISTANCE COVERAGE

1. Coverage Period - The patient may be approved for coverage for all retroactive balances regardless of the age of the balance. Coverage will terminate twelve months after the approval date. Each patient must reapply every twelve months.

2. Coverage includes all *medically necessary* services provided by UMHS facilities, providers and suppliers. Coverage does not extend to services that are not deemed medically necessary by the patient's UMHS treating physician(s) or to non-UMHS services.

3. Approved applicants will receive a 30 day supply of medically necessary medication. The prescriptions can be refilled on a monthly basis until there are no refills remaining or until M-Support coverage is terminated.

4. During the Financial Assistance Coverage period, if a patient becomes eligible for Medicaid or other insurance coverage and/or if there is a change in the patient’s status, the patient must inform
the M-Support staff. This change may alter their eligibility with the Financial Assistance Program.

C. OTHER PROGRAMS:
Additional carve-out programs may be available to a patient and are included in the Financial Assistance Procedure Manual.

IV. FINANCIAL ASSISTANCE POLICY NOTIFICATION
Hospitals are required to widely publicize their financial assistance policy in the community served. UMHS will ensure that this requirement is met by including key provisions of this Financial Assistance policy on its external website and by making materials available throughout the UMHS patient care sites and the patient statements that inform patients of the M-Support Program and how patients may request financial assistance. It is an objective of UMHS to ensure that all patients be made aware of available financial assistance programs at the time of service through availability of materials and in many cases access to financial counselors. In addition, billing and collection efforts include processes for distributing information about the Financial Assistance Program both verbally and in writing.

V. ADMINISTRATION
A. The UMHS Revenue Cycle has separate billing and collection policies that describe the actions the UMHS may take in the event of nonpayment, including collection actions. The UMHS will not take extraordinary collection actions against an individual prior to making reasonable efforts to determine whether the individual is eligible for assistance under this Financial Assistance policy. These policies are available from the Revenue Cycle department of UMHS or by utilizing the contact information below.

B. Detailed procedures to manage this policy are outlined in UMHS Revenue Cycle written Financial Assistance procedures.

C. Administration of Financial Assistance Adjustments – Administration will follow local written procedures. Charity Care Assistance adjustments
cannot be initiated or approved by an employee where a conflict of interest exists with that person, be they friend or relative.

D. Applicability at UMHS joint ventures: Financial assistance policies for UMHS joint ventures through Michigan Health Corporation are established with the venture partners. Joint ventures that have agreed to adopt the UMHS financial assistance policies will follow this policy.

VI. CONTACT INFORMATION

Phone: (855) 853-3580 (toll free)

Email: RVC-MSupport-Coordinators@med.umich.edu

Website: www.uofmhealth.org/financial-assistance

A paper copy can be sent to the patient by contacting the M-Support Program using the contact information listed above or go to the website and print out the policy.

VII. EXHIBITS

None

VIII. REFERENCES

None

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