



Origination 02/1985
Last Approved 12/2022
Effective 12/2022
Last Revised 12/2022
Next Review 12/2025

Owner Benjie Johnson:
Chief Officer
Revenue Cycle
Management
Area Revenue Cycle
Applicability Michigan
Medicine Admin
and Clinical
References Policy

UM Health Financial Assistance Policy - Patient Assistance for Billable Medical Services, 01-03-003

I. POLICY STATEMENT, PURPOSE, AND SCOPE

University of Michigan Health (UM Health) is committed to serving residents of the State of Michigan who cannot obtain necessary medical care because of their inability to pay.

The UM Health Financial Assistance Policy – Patient Assistance for Billable Medical Services (FAP) 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 insurance or identifying resources available to the patient should be considered first.

Financial assistance at UM Health is administered through the MSupport financial assistance program (MSupport). Proper documentation must accompany all requests for financial assistance. Patients who qualify receive a 100% discount on eligible charges.

This policy applies to the University of Michigan Health and the University of Michigan Medical School. This policy does not apply to the Michigan Health Care Corporation (MHC), or the University of Michigan School of Nursing (UMSON).

II. DEFINITIONS

AMOUNT GENERALLY BILLED (AGB) – Amounts Generally Billed is an IRS term. AGB is the amount

generally billed for emergency or other medically necessary services to individuals who have insurance covering such care, determined in accordance with IRS regulations specified at §1.5011-5(b). UM Health calculates AGB using the look-back methodology annually; the AGB calculation and schedule is available by request.

FINANCIAL ASSISTANCE DISCOUNT – 100% discount on eligible charges; administered through the MSupport program.

FINANCIAL HARDSHIP – Financial difficulties that may prevent a patient from paying for their health care charges, including copays, deductibles, and co-insurance.

LIQUID ASSETS – Assets that can easily be converted into cash in a short amount of time, e.g. stocks, bonds, certificates of deposit, cash, etc.

MEDICALLY NECESSARY SERVICES–Services or items reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

MSUPPORT - the name of UM Health’s financial assistance program. It relieves qualifying patients from their financial responsibility for medically necessary services performed by UM Health providers at UM Health facilities. MSupport is a charity care program.

REVENUE CYCLE - the UM Health department that performs all functions related to the capture, management, and collection of patient care revenue.

III. POLICY STANDARDS

A. Eligibility and Qualifications

1. **Federal Poverty Level Guidelines for Household Income** – A patient may qualify for MSupport financial assistance if the patient’s household income does not exceed 300% of the established Federal Poverty Level Guidelines set forth for the current year.
2. **Additional Criteria** - In addition to the Federal Poverty Level guidelines, the patient must also meet the following criteria to be approved for MSupport financial assistance:
 - a. Services must be medically necessary.
 - b. The applicant must be a resident of Michigan.
 - c. The applicant must have applied for and been denied by either Medicaid or an insurance plan on the [Health Insurance Exchange](#), or been deemed ineligible for these programs by a UM Health MSupport coordinator.
 - d. 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.
 - e. Qualification for MSupport financial assistance does not, by itself, financially qualify a patient for treatments that are long-term or high-cost, for example: transplants, cellular therapy, or high-cost drugs. The patient's financial situation is only one of several criteria when considering these

treatments.

3. **Emergency Circumstances** - The patient's ability to pay should be determined prior to providing the service whenever possible, except under emergency circumstances. Emergency circumstances occur where UM Health provides emergent medical care according to the [Emergency Medical Treatment & Labor Act \(EMTALA\)](#). UM Health provides care for emergency medical conditions (within the meaning of EMTALA) without discrimination to individuals regardless of their eligibility under this Policy.
4. **Patients who would qualify for Medicaid or other insurance** - Patients who would qualify financially for Medicaid or other insurances may qualify for a financial assistance discount related to medically necessary non-covered services, copays and deductibles based on the income guidelines and other criteria in numbers (1) and (2).
5. **Patients who would not qualify for Medicaid** - Patients who meet UM Health financial assistance criteria but who would not qualify financially for Medicaid may qualify for a financial assistance discount related to denied benefits for pre-existing condition, or exhausted benefits. The applicant must have exhausted all other financial resources and show financial hardship.
6. **COBRA** - Patients who are eligible for [COBRA](#) but have declined the coverage because the cost is greater than 25% of their net monthly income may be eligible for a financial assistance discount.
7. **Presumptive Charity Scoring** - Patients may qualify for financial assistance using presumptive charity scoring when documentation to determine Federal Poverty Level is not readily available from the patient. Qualification will be based solely on criteria outlined in Section III.A.2 of this policy.
8. **Exceptions** - Additional cases may be authorized for financial assistance discounts on an exception basis. Any exceptions to the provisions enumerated above require the approval of the Revenue Cycle Discount Processing Exception Board (Exception Board). The Exception Board is detailed in the Patient Assistance: Charge Discount Policy Exhibit A.

B. Terms and Coverage

1. Eligibility is twelve months from the date of approval.
2. Eligibility includes retroactive balances regardless of the age of the balance.
3. Eligibility will terminate twelve months after the approval date.
4. Applicants must reapply for MSupport every twelve months.
5. If an applicant qualifies for other insurance such as Medicare or an Affordable Care Act Marketplace plan but has missed the open enrollment period for that plan, MSupport may be approved until the next open enrollment period.
6. MSupport financial assistance includes all medically necessary services provided by the University of Michigan Medical Group providers at UM Health facilities. No providers providing medically necessary services at UM Health facilities are excluded from this policy and therefore a list of excluded providers is not maintained by UM Health.

7. Patients who qualify for MSupport financial assistance cannot be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary services. UM Health chooses the **look-back method** of determining the AGB as required by federal law. Please note that, once deemed eligible for MSupport financial assistance, patients will not be billed for medically necessary care, as all such charges are written off due to the 100% discount.
8. MSupport financial assistance does not include services that are not deemed medically necessary by the patient's UM Health treating provider(s).
9. MSupport financial assistance does not extend to non-UM Health services.
10. UM Health has a legal and contractual obligation to collect copays, 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. UM Health 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.
11. Approved applicants will receive up to a 90-day supply of medically necessary medication. The prescription can be refilled until there are no refills remaining or until MSupport eligibility is terminated. Prescriptions must be written by UM Health providers.
For purposes of this policy only, UM Health's 340B contract pharmacies are considered an extension of UM Health facilities and services.
12. During the MSupport eligibility period, if a patient becomes eligible for Medicaid or other insurance and/or if there is a change in the patient's status, the patient must inform the MSupport staff. These changes may impact the patient's eligibility for a financial assistance discount.

IV. APPLICATION FOR FINANCIAL ASSISTANCE

- A. Patients can apply for the MSupport financial assistance discount by:
 1. Completing an application available on the [UM Health MSupport](#) website.
 2. Accessing an application through the MSupport module on the Patient Portal at www.myuofmhealth.org.
 3. Contacting the MSupport team to obtain a paper copy of the MSupport application, or for help completing an application for MSupport, Medicaid, or a health insurance exchange plan. Contact information is available in Section VII of this policy.
- B. MSupport application documentation requirements include:
 1. Federal Income Tax Return for most recent tax year (Form 1040)
 2. Most recent Wage and Tax Statement (Form W-2) and/or Miscellaneous Income (Form 1099)
 3. Recent copy of pay stub with year-to-date earnings for each member of the household
 4. Proof of other income

5. Current bank statement of checking/savings accounts
6. Documentation of Michigan residence
7. IRA/401k statements
8. Response from Medicaid, Healthy Michigan, or Marketplace

V. ADMINISTRATION OF FINANCIAL ASSISTANCE DISCOUNT

- A. UM Health 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 policy. Revenue Cycle has a Billing and Collection policy that describe the actions UM Health may take in the event of nonpayment, including collection actions. These policies are available from the Revenue Cycle department of UM Health or by utilizing the contact information below.
- B. Detailed procedures to manage this policy are maintained by UM Health Revenue Cycle.
- C. Administration of Financial Assistance Adjustments - Administration will follow local written procedures. Financial 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 UM Health joint ventures: financial assistance policies for UM Health joint ventures through Michigan Health Corporation are established with the venture partners. Joint ventures that have agreed to adopt UM Health financial assistance policies will follow this policy.

VI. FINANCIAL ASSISTANCE POLICY PUBLICATION

Hospitals are required to widely publicize their financial assistance policy in the communities they serve. UM Health is committed to complying with this requirement by

- Including key provisions of the FAP on the [UM Health external website](#)
- Including key provisions of the FAP in the MSupport Module of [the My UMHealth patient portal](#)
- Making printed materials available throughout UM Health patient care sites
- Including information about the MSupport Program on patient statements
- Including information about how to apply for financial assistance or access MSupport staff on patient statements

VII. CONTACT INFORMATION

- MSupport Program
 - Phone: (855) 853-3580 (toll-free)
 - Email: RVC-Msupport-Coordiators@med.umich.edu
 - Website: uofmhealth.org/financial-assistance

- UM Health Patient Portal: www.myuofmhealth.org

[A paper copy of the Financial Assistance Policy, the MSupport application, and how the AGB is calculated may be obtained by contacting the MSupport Program using the contact information listed above.](#) Additionally, the application and FAP documents can be printed from the MSupport [website](#).

VIII. EXHIBITS

REVENUE CYCLE DISCOUNT PROCESSING EXCEPTION BOARD

1. The Exception Board handles the day-to-day issues arising from PFC/Authorized Personnel processing discounts.
2. The Exception Board approves any discounts above 60% for uninsured patients who do not meet the criteria for MSupport financial assistance.
3. The Exception Board also manages the approval of any discount exception requests, including exceptions to the Financial Assistance Policy – Patient Assistance for Billable Medical Services.
4. The Exception Board members are responsible for determining their availability when addressing any urgent requests.
5. All exception requests and approvals handled by the Exception Board must be tracked by Revenue Cycle and available for review.
6. Members of the Exception Board will be appointed by the Chief Revenue Cycle Officer or the Chief Financial Officer.

IX. REFERENCES

[Financial Assistance website: uofmhealth.org/financial-assistance](http://uofmhealth.org/financial-assistance)

[Plain Language Summary of the FAP](#)

[Amount Generally Billed \(AGB\) Calculation uofmhealth.org/financial-assistance](http://uofmhealth.org/financial-assistance)

[Health Insurance Exchange](#)

[Emergency Medical Treatment & Labor Act \(EMTALA\)](#)

[UM Health external website](#)

www.myuofmhealth.org

[the My UMHealth patient portal](#)

[COBRA](#)

[UM Health MSupport](#)

Author/Approvals

Author: Benjie Johnson, Chief Revenue Cycle Officer

Issued: September 2004

Approved by:

FGP Board - September 23, 2004

HHCEB - September 27, 2004

2008 revisions approved by:

FGP Board - May 8, 2008

HHCEB - May 28, 2008

2011 revisions approved by:

FGP Board - September 2011

UMHHC CEO - December 2011

2015 revisions approved by:

UMHS CFO - October 8, 2015

Senior Associate Dean for Clinical Affairs - October 2015

Acting Chief Executive Officer and Chief Operating Officer, UMHHC - December 17, 2015

Dean, UMMS - December 18, 2015

EVPMA - January 7, 2016

Reviewed and approved without revision by UMMG - August 11, 2016

2019 revisions approved by:

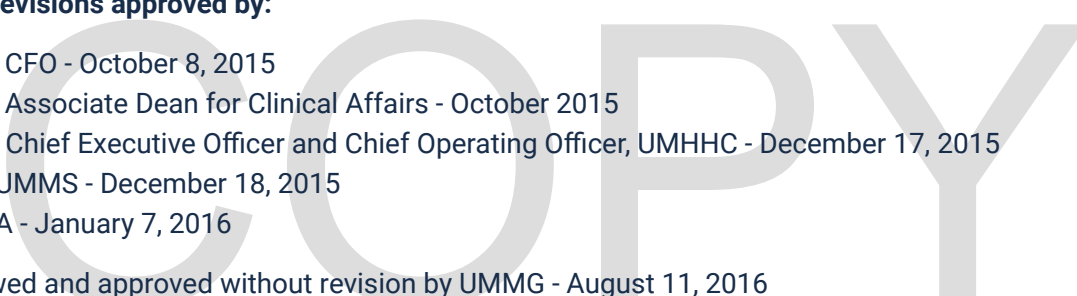
UMMG, April 2019

CFO, April 2019

2022 revisions approved by:

UMMG, December 2022

CFO, December 2022



Approval Signatures

Step Description	Approver	Date
Substance Review	Cathie Joynt: Project Senior Manager	12/2022

UMHS CFO	Paul Castillo: CFO UM Health System	12/2022
Rev Cycle Chief Officer	Benjie Johnson: Chief Officer Revenue Cycle Management	12/2022
Rev Cycle Compliance Director	Becky Moore: Director	12/2022
	Benjie Johnson: Chief Officer Revenue Cycle Management	12/2022

COPY