



HFHS Patient Financial Assistance Policy

Policy

This HFHS Patient Financial Assistance Policy (“policy”) is designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive emergency and other medically necessary care from Henry Ford Health System (“HFHS”), and applies to each of the HFHS Facilities listed in Appendix A and their affiliated clinics (“HFHS Facilities”). All financial assistance will reflect HFHS’s commitment to treating every patient with dignity, respect and compassion.

The list of HFHS Service Providers delivering emergency or other medically necessary care in HFHS Facilities, which are covered by this policy and which are not, are maintained separately on HFHS’s website (henryford.com). The HFHS Service Provider list may be obtained free of charge, both online and on paper, from the HFHS website or by calling one of the HFHS Facilities listed in Appendix A.

Definitions:

- **Amounts Generally Billed (AGB):** means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.
- **Emergency Care:** means the treatment of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - 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,
 - Serious impairment to bodily functions, or
 - Serious dysfunction of any bodily organ or part, or
 - With respect to a pregnant woman having contractions – (a) that there is inadequate time to effect a safe transfer or another hospital before delivery or (b) that transfer may pose a threat to the health or safety of the woman or unborn child.
- **Guarantor:** means the person responsible for the patient’s bill other than the patient.
- **Household Income:** includes before tax earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, incomes from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. DOES NOT include non-cash benefits such as food stamps and housing subsidies or capital gains or losses. If a person lives with a family, the income of all household family members must be included (including domestic partners) unless family members are paying rent and/or are not dependents of homeowners. Non-relatives, such as housemates, are not to be included. Dependency status shall be determined on a case by case basis.
- **Henry Ford Financial Assistance Committee:** Is composed of three members of leadership appointed by the Vice President of Revenue Cycle.
- **HFHS Service Provider:** a health care practitioner with clinical privileges necessary to perform services at an HFHS Facility
- **Medically Necessary Services:** are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and are not mainly for the convenience of you or your health care provider

Eligibility Criteria for Financial Assistance:

Qualification for HFHS financial assistance under this policy will be determined for each encounter under one of the following three methods subject to meeting the asset test, as applicable, as described below. Patients who do not meet the eligibility criteria under this policy may be eligible for financial assistance under other financial assistance programs offered by HFHS, including various community-based programs. For more information about these programs, go to henryford.com.

Financial assistance under this policy is intended to be utilized as the payor of last resort. Prior to considering a financial assistance discount, HFHS may require a patient to apply for Medicaid or other government assistance programs.

HFHS reserves the right to reverse any financial assistance approvals should it be discovered that information provided during the application process was inaccurate or incomplete. Should this circumstance arise, the patient and/or Guarantor will be notified and will be responsible for payment.

Eligibility Method (1) - Traditional:

- Permanent residence in the United States of America
- Having personal residence within HFHS' primary service areas, consisting of Wayne, Macomb, Oakland and Jackson Counties. For patients seeking treatment at a HFHS Facility located outside of the counties listed above, a patient may be eligible for financial assistance if their permanent residence is within a five-mile radius of the HFHS Facility.
- Seeking treatment with a HFHS Service Provider at a HFHS Facility
- Annual aggregate Household Income up to 400% of the Federal Poverty Level ("FPL"). If a patient has an annual income less than or equal to 250% of the federal poverty level, the patient may be eligible for a 100% discount. If a patient has an annual income from 251% to 400% of the federal poverty level, the patient may qualify for a partial discount. See the Sliding Scale Tables below for the sliding scale discounts for insured and uninsured patients.

Eligibility Method (2) - Catastrophic:

- Patients, who over a 12-month period, have accumulated a large medical debt at a HFHS Facility as a result of a catastrophic medical situation, resulting in out-of-pocket medical expenses that exceed 30% of their gross annual Household Income
- Permanent residence in the United States of America
- Having personal residence within HFHS' primary service areas, consisting of Wayne, Macomb, Oakland and Jackson counties. For patients seeking treatment at a HFHS Facility located outside of the counties listed above, a patient may be eligible for financial assistance if their permanent residence is within a five-mile radius of the HFHS Facility.
- Seeking treatment with a HFHS Service Provider at a HFHS Facility.

Patients meeting the above qualification for financial assistance will be eligible for the following discount:

- Patients will have their outstanding medical debt adjusted to 30% of their Household Income.
- Patients who qualify under both Method 1 and Method 2 will receive the larger of the two discounts.

Eligibility Method (3) - Presumptive:

- HFHS may determine qualification for financial assistance on a presumptive basis; using third-party scoring, referrals from community-based programs, and approvals of government programs based on income.

- Patients meeting presumptive qualification for financial assistance may be eligible for a partial discount, or a full discount of 100% on Emergency and other Medically Necessary Care. If a patient has an annual income less than or equal to 250% of the federal poverty level, the patient may be eligible for a 100% discount. If a patient has an annual income from 251% to 400% of the federal poverty level, the patient may qualify for a partial discount. See the Sliding Discount Tables below for the sliding scale discounts for insured and uninsured patients.

Patient Balances Eligible for Financial Assistance

Patient balances eligible for a financial assistance discount under this policy may include, but are not limited to:

- Coinsurance, deductible and copayment amounts
- Charges for patients with coverage from a health plan that does not have a contractual relationship with HFHS, or when HFHS provider does not participate in health plan’s network
- Charges for insured patients that have exhausted their benefits,
- Charges for non-covered services provided to patients covered under Commercial, Medicare, or Medicaid programs
- Charges for patients that have exceeded the length of stay covered under Commercial, Medicare, or Medicaid programs

The Financial Assistance in this policy is in addition to the uninsured discount set forth in our Uninsured Discount Policy which can be requested by calling the Financial Assistance Team at (313) 874-7800.

Sliding Scale Discount Tables:

Uninsured Patients:

For qualifying uninsured patients with incomes less than 400% of FPL, patient responsibility is adjusted to the percentage of the Medicare allowable amount based on the table below:

Household Income	% of Medicare Rate
351% - 400% of the FPL	91%
301% - 350% of the FPL	61%
251% - 300% of the FPL	30%
<250% of the FPL	0%

Qualifying uninsured patients with incomes below 250% are given a 100% discount

Insured Patients:

For qualifying insured patients with incomes less than 400% of FPL, patient responsibility is discounted based on the table below

Household Income	Discount Off of Balance Due
351% - 400% of the FPL	25%
301% - 350% of the FPL	50%
251% - 300% of the FPL	75%
<250% of the FPL	100%

Asset Test:

In order to determine a patient's eligibility for financial assistance, HFHS utilizes a sliding scale discount that takes a patient's Household Income and qualifying assets into consideration.

A patient is not eligible for financial assistance under this policy if the patient's household qualifying assets are valued at \$100,000 or more, regardless of the patient's income. Assets not listed as a protected asset will be considered available for payment of medical expenses. HFHS may count the excess available assets as current year income in establishing the level of discount offered to the patient.

Protected Assets:

- 100% of the first \$1,000,000 of equity in a single primary personal residence; and 50% of equity in the primary residence thereafter
- IRA, 401k, cash value retirement plans/pensions
- Reasonable assets used in a business
- Personal property
- College savings plans

Patients that do not Qualify for Financial Assistance:

Uninsured patients not meeting financial assistance criteria under this policy or other available financial assistance programs offered by HFHS will be charged for the service based on the uninsured discount rate. For more information, refer to the uninsured discount rate policy at <https://www.henryford.com/visitors/billing>.

A patient may appeal a denial of his or her financial assistance application by writing to the Henry Ford Financial Assistance Committee within 30 days of the denial at the HFHS Facility at which care was received. Qualification for financial assistance is subject to the approval of HFHS Revenue Cycle Management with input from the clinical care teams.

Exceptions may be made as warranted for special circumstances. Such exceptions will be considered on a case-by-case basis. Any exception made does not constitute a change in policy nor does it guarantee that this same decision will apply in the future. Patients may contact us at **(313) 874-7800** or by e-mail at **financialassistanceapp@hfhs.org** should they have additional questions on their financial assistance application.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients that qualify for financial assistance will not be charged more than the AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. Each HFHS Facility uses the look-back method for calculating one or more AGB percentages. The AGB Percentage is calculated by dividing the sum of all Medicare fee-for-service and private health insurers that have paid claims to the HFHS Facility during a 12-month period, by the sum of the associated gross charges for those claims.

Applying for Financial Assistance:

Patients and/or Guarantor may apply for financial assistance at any time up to 240 days after HFHS provides the initial billing to the patient and/or Guarantor. HFHS will, in turn, process the application and make a determination of qualification within 30 calendar days after the completed application is received. The individual will be notified in writing of the determination and basis for determination.

In order to qualify for financial assistance, a patient / Guarantor will need to complete the Patient Financial Assistance application. The application is available on the HFHS Financial Assistance website: <https://www.henryford.com/visitors/billing/financial-assistance>. The patient can mail or fax a completed

application with the required documentation to the HFHS Facility where treatment was sought for an approval determination. For HFHS Facility address and fax numbers, please refer to Appendix A.

If a patient is unable to download the application via the HFHS website, please refer to Appendix A to request a hardcopy application be mailed to the patient's residence. To review the application in multiple languages please visit the following link: <https://www.henryford.com/visitors/billing/financial-assistance/documents>.

If a patient has questions regarding his or her application and/or needs assistance completing the application, please see Appendix A to contact the HFHS Facility where the patient is receiving care

Required documentation may include:

- Federal Income Tax Return for the most recent tax year (Form 1040), including all applicable schedules
- Most recent Wage and Tax Statements (Form W-2) and/or Miscellaneous Income (Form 1099)
- Recent copy of the last 2 months of pay stubs with year-to-date earnings for each member of the household or a statement from the employer verifying gross wages
- Proof of other income (i.e. rental property, etc.)
- Recent copy of the last 2 months of bank statement of checking/savings accounts
- Copy of valid Michigan driver's license or Michigan state identification card
- If applicable, a denial response from Medicaid, Healthy Michigan or Marketplace, and/or COBRA documentation
- Personal statement of financial need from the patient

HFHS reserves the right to request additional documentation should it need further verification of income and/or clarification based on any supporting documentation provided. HFHS may not deny financial assistance based on an applicant's failure to provide documentation that this Policy or the Financial Assistance Application does not explicitly require.

Billing and Collections:

The billing and collection actions that HFHS may take for nonpayment are described in a separate patient billing and collections policy, which may be obtained free of charge by contacting Financial Assistance Team at (313) 874-7800 or the Henry Ford Health System website at www.henryford.com.

Appendix A:**Please send the documentation to the facility where care was received:**

Facility	Address	Phone/Fax #/E-mail
Henry Ford Allegiance Health Hospitals	Henry Ford Allegiance Health Attn: Financial Navigators, 1 st Floor Registration 205 N East Avenue Jackson, MI 49201	Phone: (517) 205-4434
Henry Ford Hospital and Medical Centers	Henry Ford Hospital Patient Financial Assistance Planning Office 2799 West Grand Blvd. K-1, West 107 Clinic Building Detroit, MI 48202	Phone: (313) 916-4510 Fax: (313) 916-4501
Henry Ford Macomb Hospitals	Henry Ford Macomb Hospital Attn: Financial Support 15855 19 Mile Rd. Clinton Township, MI 48038	Phone: (586) 263-2696 Fax: (586) 263-2697
Henry Ford West Bloomfield Hospital	Henry Ford West Bloomfield Hospital Attn: Revenue Services 6777 West Maple West Bloomfield, MI 48322	Phone: (248) 325-0201 Fax: (248) 325-0235
Henry Ford Wyandotte Hospital & Henry Ford Medical Center - Brownstown	Henry Ford Wyandotte Hospital Attn: Hospital Patient Financial Assistance Programs 2333 Biddle Ave. Wyandotte, MI 48192	Phone: (734) 324-3489 Fax: (734) 324-3784
Henry Ford Health System Corporate Business Office		Phone: (313) 874-7800 E-mail: financialassistanceapp@hfhs.org