

# Financial Assistance Policies

## Michigan Medicine (Ann Arbor)

**300%**

of the Federal Poverty Level or less  
receive free care

- Must live in Michigan
- Covers 100% of care when uninsured, non-covered services for underinsured patients, prescriptions

## Trinity Health - St. Joseph Mercy Ann Arbor

**200%**

of the Federal Poverty Level or less  
receive a full discount

- 201%–400%: potential partial discount
- Certain assistance for catastrophic medical bills
- Qualifying patients charged no more than the Medicare discount rate

## Henry Ford Hospital

**250%**

of the Federal Poverty Level or less  
receive a 100% discount

- 251%–400%: partial discount
- Discounts for catastrophic medical bills
- Maximum charge limits



# Section 330 Community Health Centers (“FQHCs”)

## Sliding fee discounts are required

Based on federal poverty level (FPL)

|                                                 |                                                        |                                    |
|-------------------------------------------------|--------------------------------------------------------|------------------------------------|
| <b>100% or less</b><br>Free or a small flat fee | <b>101–200%</b><br>Partial discount, at least 3 levels | <b>Over 200%</b><br>Standard rates |
|-------------------------------------------------|--------------------------------------------------------|------------------------------------|

- Eligibility depends on income and family size
- Applies to every service in the center's approved scope, which will include primary care, dental and vision care (maybe), in-house labs, etc.
- No one can be turned away for inability to pay

## Enabling Services



**Transportation**  
Rides to appointments



**Interpretation**  
Language help at visits



**Case management**  
Coordinating care and referrals



**Eligibility assistance**  
Help enrolling in Medicaid or insurance



**Health education**  
Support managing health conditions



**Outreach**  
Reaching people who need care

# Quality Improvement Organizations

- No-cost assistance for Medicare patients
- Contractors of the Centers for Medicare & Medicaid Services, the agency that administers Medicare.
- **Commence Health** is the QIO for the State of Michigan
- File an appeal if your Medicare-covered services are ending too soon
- Quality of care concerns
  - Receiving the wrong medicine
  - Hospital-acquired infections
  - Waiting excessively for necessary or urgent care
- Medicare Helpline Region 5: (888) 524-9900



# Patient Assistance Programs

Pharmaceutical manufacturers and nonprofit foundations run patient assistance programs. Qualifying patients may get help with:



## Copayments and Deductibles

Lowers what you pay at the pharmacy for a covered medicine.

*Example: manufacturer copay cards for commercially insured patients*



## Health Insurance Premiums

Helps pay monthly health insurance premiums so coverage doesn't lapse.

*Example: disease-specific funds at nonprofits*



## Travel and Lodging

Helps with gas, flights, or a place to stay near the treatment center.

*Example: American Cancer Society Hope Lodge*

Availability varies based on income, insurance type, fund availability (open/closed), and diagnosis. Federal law restricts availability of programs for Medicare and Medicaid beneficiaries.



# Your Right to a Good Faith Estimate

Under the No Surprises Act, if you are uninsured or choose not to use insurance, the hospital must give you a written estimate of expected charges, including hospital fees, tests, and drugs. This does not apply to Federal health care program beneficiaries.

## When it is due

### Within 1 business day

Service scheduled 3 to 9 business days ahead

### Within 3 business days

Service scheduled 10 or more business days ahead

### Within 3 business days

You ask for an estimate, even before scheduling

## If it is late or never comes

- 1 Ask in writing.** Oral requests must still be answered in writing.
- 2 File a complaint.** No Surprises Help Desk: [cms.gov/nosurprises](https://cms.gov/nosurprises) or 1-800-985-3059. The government can enforce the rule against providers and facilities.
- 3 No collections.** While you're in the process of disputing a bill, your provider or facility can't move your bill into collections or threaten to do so.
- 4 Timing.** Start a dispute within 120 days of the bill. Fee: \$25.



# The 5 steps of a Medicare appeal

1

## Redetermination

Your Medicare contractor (MAC)

**File within:** 120 days  
**Decision:** about 60 days

2

## Reconsideration

Independent reviewer (QIC)

**File within:** 180 days  
**Decision:** about 60 days

3

## Hearing

Administrative law judge (OMHA)

**File within:** 60 days  
**Decision:** about 90 days

4

## Council review

Medicare Appeals Council

**File within:** 60 days  
**Decision:** about 90 days

5

## Federal court

Federal district court

**File within:** 60 days  
**Decision:** Set by the court

**Available Resources:** State Health Insurance Assistance Program (SHIP) or 1-800-MEDICARE (1-800-633-4227). This is the process for Original Medicare; Medicare Advantage and Part D plans require you to start with the plan.



# Help exists. Patients have to ask.

CBS NEWS

**More than 400 nonprofit hospitals chase down patients eligible for free care**

KFF HEALTH NEWS

**Patients Eligible For Charity Care Instead Get Big Bills**

NPR

**Patients Often Win If They Appeal A Denied Health Claim**

HEALTHCARE DIVE

**More insurance claims denials are being overturned upon appeal, study finds**

STAR TRIBUNE

**Investigation finds Minnesota hospitals give out less free and discounted care**

TEXAS TRIBUNE

**What Texas reveals about the obstacles to getting hospital financial aid**

ABC11 (WTVD)

**In medical debt? Holly Springs family shares how to get thousands forgiven**

BLOOMBERG NEWS

**Patients who fight health insurance denials often win**