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)

100% or less	101–200%	Over 200%
Free or a small flat fee	Partial discount, at least 3 levels	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 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