

# POLICY

## Financial Assistance Eligibility Policy

**This Policy is Applicable to the following Corewell Health sites:**

Beaumont Corporate Shared Services, Beaumont Dearborn, Beaumont Farmington Hills, Beaumont Grosse Pointe, Beaumont Medical Group, Beaumont Pharmacy Solutions, Beaumont Royal Oak, Beaumont Taylor, Beaumont Trenton, Beaumont Troy, Beaumont Wayne, Post Acute Care (Beaumont) Corewell Health, Big Rapids (Mecosta County Medical Center), Continuing Care, Corporate (Spectrum Health System), Gerber Memorial (Newaygo County General Hospital Association), Ludington (Memorial Medical Center of West Michigan), Outpatient/Physician Practices, Pennock (Pennock Hospital), Reed City (Reed City Hospital Corporation), SH GR Hospitals (Spectrum Health Hospitals), SHMG, Spectrum Health Lakeland (Lakeland Community Hospital Watervliet; Lakeland Hospitals at Niles and St. Joseph Inc.), United/Kelsey (Spectrum Health United; Spectrum Health Kelsey Hospital), Zeeland (Zeeland Community Hospital)

<b>Applicability Limited to:</b>	N/A
<b>Reference #:</b>	2983
<b>Version#:</b>	10
<b>Effective Date:</b>	11/01/2022
<b>Functional Area:</b>	Finance, Revenue Cycle
<b>Department Area:</b>	Finance, Patient Access

---

**Notice of Nondiscrimination:** It is the policy of Corewell Health and all subsidiary entities to provide quality healthcare to all persons. Corewell Health will not discriminate on the basis of race, color, national origin, citizenship, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Admission and treatment decisions will be based solely on the medical needs of the patient and the capacity and capabilities of the facility to provide the medical care and treatment required. Admission and treatment will not be denied on the basis of ethnicity, color, gender, sex, race, national origin, religion, disability, age, HIV status, veteran or military status, source of payment for services or any other basis prohibited by federal, state or local law. Patients will be treated in a manner consistent with their gender identity. Moreover, National Health Service Corps (“NHSC”)-and Michigan State Loan Repayment Program (“MSLRP”) approved sites will not discriminate in the provision of services to an individual (and will not base program eligibility) on a person’s ability to pay whether payment for those services would be made under Medicare, Medicaid, or CHIP; and will not discriminate on the basis of an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. See the [Patient Rights and Responsibilities](#) (Legacy Beaumont Health), [Patient Rights and Responsibilities](#) (Legacy Spectrum Health Lakeland), or [Patient Rights and Responsibilities](#) (Legacy Spectrum Health West Michigan) policy for further detail.

A sliding scale discount program policy applies to NHSC and MSLRP approved sites only See [Attachment B](#).

See [Attachment C](#) for the complete notice of nondiscrimination as well as availability of language assistance.

---

## 1. Purpose

To outline the process for making a reasonable determination of who is eligible to receive financial assistance at Corewell Health. To communicate the availability of financial assistance to patients and the public and to ensure that consistent guidelines are applied to requests for financial assistance, regardless of the Corewell Health location where the patient service is provided.

This policy is intended to satisfy the requirements of Section 501(r) of the Internal Revenue Code of 1986, as amended, which imposes certain requirements on the hospitals regarding financial assistance, charge limitations, and billing and collection activities. Patients who do not have the means to pay for services provided at Corewell Health locations may request financial assistance, and may be awarded financial assistance, in accordance with the terms and conditions of this policy.

This policy is also intended to satisfy certain Medicare cost reporting rules.

## 2. Responsibilities

This Corewell Health Financial Assistance Eligibility Policy (the “Policy”) will be administered by appropriately designated Corewell Health personnel as outlined in supporting financial assistance eligibility departmental processes and education.

## 3. Policy Content

Corewell Health will eliminate patient financial responsibility for Emergent or Medically Necessary care in situations where the patient/guarantor qualifies under the financial hardship guidelines, set forth in Section 6.6 below, and cooperates with Corewell Health in the administration of its financial assistance eligibility departmental processes. A good-faith determination of financial need must be made prior to any waiver of charges.

## 4. Philosophy

Emergent or Medically Necessary care will be the basis for treatment, not financial obligation. Determination of financial assistance will be given based on demonstrable financial need and will be granted in cooperation with the patient/guarantor whenever able. All patients/guarantors applying for financial assistance will be subject to the same financial assistance process regardless of primary payer.

Medically Necessary care is defined as those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be Medically Necessary taking into account the most appropriate level of care. Depending on the patient’s medical condition, the most appropriate setting for the provision of care may be a home, a physician’s office, an outpatient facility, or a long-term care, rehabilitation, or hospital bed. In order to be Medically Necessary, a service must:

- Be required to treat an illness or injury;
- Be consistent with the diagnosis and treatment of the patient’s conditions;
- Be in accordance with standards of good medical practice;
- Not be for the convenience of the patient or patient’s physician; and
- Be at the level of care most appropriate for the patient as determined by the patient’s medical condition and not the patient’s financial or family situation

Emergent care is deemed to be “Medically Necessary.”

## 5. Emergency Medical Care Policy

Corewell Health will provide, without discrimination, care for emergency medical conditions to individuals regardless of their ability to pay or eligibility for financial assistance. Emergent medical conditions may result from the sudden onset of a health condition with acute symptoms which, in the absence of immediate medical attention, are reasonably likely to place the patient’s health in serious jeopardy, result in serious dysfunction of any bodily organ or part. Corewell Health will not engage in

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

actions that discourage individuals from seeking emergency medical care, and, to that end, Emergent care will be provided without interference from debt collection or demands for prepayment of services prior to treatment as further described in the [Emergency Medical Treatment and Active Labor Act \(EMTALA\)](#) (Legacy Beaumont Health) Policy or [Emergency Medical Condition / Treatment / Transfer Policy \(EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT - EMTALA\)](#) (Legacy Spectrum Health) Policy.

## 6. Policy

### 6.1. Residency Requirement

To uphold our mission to improve health, instill humanity, and inspire hope, Corewell Health will limit consideration for financial assistance to applicants that demonstrate a minimum of six-months of residency within the State of Michigan or in a community that is included in the hospital's community health needs assessment as a "community" it serves. Exception may be made to patients in need of Emergent care or those seeking Medically Necessary care not available within another healthcare provider's service area.

### 6.2. Overview

- 6.2.1. Prior to seeking financial assistance, the patient/guarantor and Corewell Health will pursue all reasonable forms of third-party payment as further outlined in Section 6.3.
- 6.2.2. It is Corewell Health's policy to require payment resolution for non-Emergent or non-Medically Necessary care including but not limited to experimental/research studies, elective cosmetic services and bariatric surgical procedures *prior* to service or when a statement is first presented, unless other approved arrangements for payment have been made. Corewell Health will also require payment resolution for non-Emergent care that is not authorized or not covered by insurance.
- 6.2.3. Patients/guarantors who identify that they are financially unable to pay or have been identified by Corewell Health as potentially financially unable to pay, will be referred to the appropriately designated Corewell Health personnel for evaluation, as applicable. Corewell Health personnel may then proceed with the financial assistance application process to determine if there is demonstrated inability to pay. The patient/guarantor may be asked to complete a financial assistance application. A credit report may be obtained to verify information provided on the application but will not be used solely to make a determination as to financial assistance eligibility. Portions of or the entire financial application process may be waived for certain patients/guarantors who presumptively qualify for financial assistance and are subsequently verified, consistent with Corewell Health policies and procedures. During the presumptive eligibility screening process, Corewell Health may estimate a patient's household income by using a third party-developed calculation model, which utilizes credit report information, self-reported data, marketing data sources and average incomes for others near the patient's reported address. Other examples of presumptive eligibility may include individuals deemed homeless or deceased without an estate.
- 6.2.4. If, as a result of the financial application process, assistance criteria are not met, the patient/guarantor will be advised to arrange payment according to the [Billing and Collection Policy](#) (Legacy Beaumont Health) or the [Patient Responsible Balance Billing and Collection Policy](#) (Legacy Spectrum Health) and applicable procedures, under which a patient/guarantor may qualify for discounts and/or other payment options such as prompt pay discounts, payment plans, etc.
- 6.2.5. If it appears that financial hardship guidelines may apply, the patient/guarantor may be asked to supply supporting documentation as detailed in the application and the application will be processed accordingly.
- 6.2.6. The patient's account will be documented with results of the determination. Reasonable efforts will be made to inform the patient/guarantor in writing of the determination (including, if applicable, the assistance for which the individual is

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

eligible) and the basis for the determination.

**6.2.7.** All applicable and supporting documentation for applications will be retained in accordance with the [Document Retention Policy and Procedures](#) (Legacy Beaumont Health) or [Record Management, Retention and Destruction Policy](#) (Legacy Spectrum Health).

### **6.3. Third Party Payment Sources**

Prior to seeking financial assistance, the patient/guarantor and Corewell Health will pursue all reasonable forms of third-party payment including but not limited to Medicaid and enrollment in the Health Insurance Marketplace.

Corewell Health reserves the right to investigate, verify, interview and request assignment of:

- All benefits from any third-party insurance source;
- All benefits from state or federal assistance programs for which the patient/guarantor may be eligible;
- All benefits from any charity organization; and/or
- Pending litigation.

Financial assistance is the account resolution process of last resort. As such, a patient/guarantor must fulfill all responsibilities under any of the above applicable programs or use available personal resources prior to qualifying for financial assistance. A patient/guarantor's failure to produce the requested information or participate in one of the above programs may result in denial of financial assistance.

### **6.4. Availability of Financial Assistance**

Corewell Health has implemented measures to widely publicize communications to patients and the public regarding the availability of financial assistance. Communication methods include but are not limited to signage in each hospital emergency department, registration areas and other public locations, as well as information on the Corewell Health website (as referenced in Section 6.5). In addition, Corewell Health will offer a plain language summary of its Financial Assistance Eligibility Policy as part of the patient intake and/or discharge process, as well as provide individuals with assistance in completing the application process.

Patients will be notified of the Financial Assistance Eligibility Policy for a period of at least 120 days from the date of the first post-discharge billing statement. Patient balances will be eligible for financial assistance evaluation for at least 240 days from the date of the first post-discharge billing statement ("Application Period"). If Corewell Health receives a financial assistance application during the Application Period, whether the application is complete or incomplete, it will suspend any collection efforts until a determination regarding financial assistance eligibility is made.

Some services may be provided to patients at Corewell Health by providers who may not utilize Corewell Health's Financial Assistance Eligibility Policy and process. For a listing of these providers, please see the most current version of [Attachment A](#), which will be updated periodically as information changes over time.

### **6.5. Financial Assistance Identification and Application Process**

The goal of the financial assistance eligibility process is to determine the patient/guarantor's ability to pay.

A free copy of the Financial Assistance Eligibility Policy, as well as the current financial assistance application and a plain language summary of the policy, are available at all Corewell Health locations. In addition, a free copy can be obtained at:

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

- For Legacy Beaumont Health:
  - <https://www.beaumont.org/patients-families/billing/financial-assistance>
  - by calling (877) 687-7309
  - or emailing [EastFinancialCounseling@corewellhealth.org](mailto:EastFinancialCounseling@corewellhealth.org)
- For Legacy Spectrum Health Lakeland:
  - <https://www.spectrumhealthlakeland.org/patient-visitor-guide/patient/billing/financial-assistance>
  - by calling (844) 408.4103
  - or emailing [SHLfinancialcounseling@spectrumhealth.org](mailto:SHLfinancialcounseling@spectrumhealth.org)
- For Legacy Spectrum Health West Michigan:
  - <https://www.spectrumhealth.org/billing/financial-assistance>
  - by calling (844) 838.3115
  - or emailing [FinancialCounseling@spectrumhealth.org](mailto:FinancialCounseling@spectrumhealth.org)

Each individual may be required to complete a financial assistance application and provide the information Corewell Health has requested as part of the application. Corewell Health determines financial assistance based upon the financial hardship guidelines set forth in Section 6.6. Corewell Health may require copies of pay stubs, federal income tax returns and any other income and asset verification sources which are described in the application. Technology and other public records such as bankruptcy filings, death records, and estate filings may be utilized to assist in proactively and efficiently identifying patients who qualify for assistance when they are unable to provide complete application information, or to automate the process of obtaining necessary data and analysis of ability to pay in unique circumstances. When technology is utilized to assist with presumptive eligibility it will be used to obtain the information requested as part of the application. Presumptive eligibility will be granted to applicants with confirmed bankruptcy protection, deceased with no estate, homeless as deemed by shelter records or other accepted sources. Applicants may be requested to assist and cooperate in applying for benefits from third party insurance, state, federal or other charitable programs previously mentioned in Section 6.3 above.

A patient who is a Medicaid beneficiary will be deemed presumptively to qualify for 100% financial assistance in the form of a charity care adjustment.

Corewell Health may delegate determination of financial assistance eligibility to partner organizations in an effort to avoid duplication of efforts. Partner organizations will adopt the guidelines of this policy for qualification purposes, or by nature of the population they serve, will have met the minimum requirements of our application. When delegation does occur, Corewell Health will periodically review the determining organizations' documentation to ensure compliance with this policy.

#### **6.6. Financial Hardship Guidelines Qualifications**

Except for patients receiving care at a National Health Service Corps ("NHSC") approved practice site or a Michigan State Loan Repayment Program ("MSLRP") approved practice site, in determining financial assistance eligibility, Corewell Health will evaluate the patient/guarantor's ability to reimburse Corewell Health for the services being requested or previously rendered.

Corewell Health will evaluate information such as the following when assessing ability to pay:

- Income levels
- Net worth
- Employment status
- Other financial obligations
- Amount and frequency of healthcare bills

A credit report may be obtained to validate the above information. Corewell Health will use the current U.S. Federal Poverty Guidelines (FPG) as a basis for income eligibility qualifications. Qualifying income for elimination of all financial liability (free care) for amounts otherwise owing will be 250 percent of poverty as defined by the current FPG (see <https://aspe.hhs.gov/poverty-guidelines> for the current guidelines) as published annually by the Department of Health and Human Services.

Financial records pertaining to the patient/guarantor's household income may also be requested, not to assign responsibility to a third party, but rather to determine how they directly affect the applicant's financial situation. Household, as defined by the United States Census Bureau, is a group of two or more related family members, whether by birth, marriage, adoption, or otherwise, who live together (non-relatives, such as housemates, do not count); all related persons living in the same household are considered members of one household. Corewell Health does not consider individuals living in one home but separately sole supporting as a combined household. A temporary living situation as a result of a medical condition will also not apply.

A patient's clinical, behavioral and/or social history shall not be considered in assessing ability to pay.

#### **6.7. Uniformity**

To assure uniform application of this policy within Corewell Health, the following applies to all applicable Corewell Health facilities:

- All charges will be recorded on the patient's account in accordance with the normal charging procedures. Although charges are the basis for billing and collection record keeping purposes, costs (not charges), will be the primary reporting unit for valuing financial assistance.
- Services will not be "downcoded" to a lower fee.
- "Professional courtesy" will not be utilized.
- Corewell Health will not discriminate on the basis of race, color, national origin, citizenship, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status.
- Patients meeting the criteria of this policy and who are approved for financial assistance will be eligible for free Emergent or Medically Necessary care during the approval period outlined in Section 6.9. Because Corewell Health does not charge any amount to patients eligible for financial assistance under this policy, Corewell Health is fully compliant with the "amounts generally billed" and less-than-gross-charge limitations that apply to charitable hospitals.

#### **6.8. Application Approval Process**

**6.8.1.** All financial assistance determinations must be approved by the appropriate personnel as outlined in the financial assistance eligibility departmental processes and education.

**6.8.2.** Supporting documentation should accompany all financial assistance determinations and be retained as referenced in Section 6.2.7 above.

#### **6.9. Approval Period**

All financial assistance application approvals made under the Financial Assistance Eligibility Policy may be effective for a period of at least 90 days and include subsequent Emergent or Medically Necessary care. A change in financial situation or the addition of third party payer eligibility may alter the approval period and require further review.

#### **6.10. Appeal Process**

Entities will reference associated Documentation contained within this document as applicable  
Printouts of this document may be out of date and should be considered uncontrolled.

Individuals who are denied financial assistance under the provisions of the Policy may request a review of the determination. Reviews will be performed at the next level of authority for approval. Appeals progressing above the level of management within Patient Access are taken to a panel of Corewell Health senior leadership selected by the Corewell Health SVP of Revenue Cycle or his/her designee.

#### **6.11. Collection Efforts in the Event of Nonpayment**

In the event a patient/guarantor does not apply for or qualify for financial assistance under this Policy, the collection actions Corewell Health may take in the event of nonpayment are more fully described in the policies listed below:

- [Billing and Collection Policy](#) (Legacy Beaumont Health)
- [Patient Responsible Balance Billing and Collection Policy](#) (Legacy Spectrum Health).

A free copy of the above policies can be obtained at:

- For Legacy Beaumont Health:
  - <https://www.beaumont.org/patients-families/billing/financial-assistance>
  - by calling (877) 687-7309
  - or emailing [EastFinancialCounseling@corewellhealth.org](mailto:EastFinancialCounseling@corewellhealth.org)
- For Legacy Spectrum Health Lakeland:
  - <https://www.spectrumhealthlakeland.org/patient-visitor-guide/patient/billing/financial-assistance>
  - by calling (844) 408.4103
  - or emailing [SHLfinancialcounseling@spectrumhealth.org](mailto:SHLfinancialcounseling@spectrumhealth.org)
- For Legacy Spectrum Health West Michigan:
  - <https://www.spectrumhealth.org/billing/financial-assistance>
  - by calling (844) 838.3115
  - or emailing [FinancialCounseling@spectrumhealth.org](mailto:FinancialCounseling@spectrumhealth.org)

A separate written notice will be provided to each individual at least 30 days prior to any collection actions being initiated.

#### **6.12. Basis for Calculating Amounts Generally Billed (AGB)**

Corewell Health (including substantially related entities) does not charge Financial Assistance Policy (“FAP”)-eligible patients more for Emergent and other Medically Necessary care than amounts generally billed (AGB) to those who have insurance covering such care. Rather, Corewell Health provides Emergent or other Medically Necessary care free of charge to any patients who meet the eligibility criteria for financial assistance under this Policy. Corewell Health uses the look-back method and calculates an AGB percentage for each hospital facility by dividing the sum of all of the amounts of its claims for Emergency and other Medically Necessary care that have been allowed by Medicare fee-for-service in combination with private insurance for the preceding twelve (12) month calendar year, by the sum of the associated gross charges for those claims. Corewell Health posts a current copy of the AGB calculation description and percentages on its website:

- [billing-percentages-english.pdf \(beaumont.org\)](#) (Legacy Beaumont Health) .
- [amounts-generally-bill-agb-table2019-english.pdf \(spectrumhealthlakeland.org\)](#) (Legacy Spectrum Health Lakeland)
- [spectrum-health-amounts-generally-billed-table.pdf \(contentstack.io\)](#) (Legacy Spectrum Health West Michigan)

In accordance with Michigan law, Corewell Health will not charge an uninsured patient with household income at or below 250% of FPG more than 115% of the Medicare reimbursement rate.

### 6.13. Catastrophic Financial Burden

Corewell Health acknowledges that significant health events may result in catastrophic financial burden to a patient and family, as such Corewell Health reserves the right to review catastrophic cases on an individual basis. Consideration for a reduced financial obligation will be made factoring medical bills accumulated within the last 240 days, as well as those anticipated to occur within the next 90 days. A catastrophic financial burden is one which results in a financial burden of 25% of annual household income or greater.

## 7. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

Any amendments to this policy are delegated to the President and Chief Executive Officer of Corewell Health and his/her delegates. All revisions to any attachments to this policy and to supporting documents related to this policy, such as the financial assistance application, plain language summary, etc., have been delegated to the Senior Director Registration & Financial Counseling, Corewell Health.

- 8. Policies Superseded and Replaced:** This policy supersedes and replaces the following policies as of the effective date of this policy Spectrum Health Hospital Group Financial Assistance Eligibility Policy #SH-ADMIN-FIN-001; Lakeland Health Financial Assistance Policy CORP #176; Spectrum Health Financial Assistance Eligibility Policy #2983; Beaumont Health Financial Assistance Policy #9349605.

## 9. References

[Patient Rights and Responsibilities](#) (Legacy Beaumont Health)  
[Patient Rights and Responsibilities](#) (Legacy Spectrum Health Lakeland)  
[Patient Rights and Responsibilities](#) (Legacy Spectrum Health West Michigan)  
[Billing and Collection Policy](#) (Legacy Beaumont Health)  
[Patient Responsible Balance Billing and Collection Policy](#) (Legacy Spectrum Health)  
[Emergency Medical Treatment and Active Labor Act \(EMTALA\)](#) (Legacy Beaumont Health)  
[Emergency Medical Condition / Treatment / Transfer Policy \(EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT - EMTALA\)](#) (Legacy Spectrum Health)  
[Document Retention Policy and Procedures](#) (Legacy Beaumont Health)  
[Record Management, Retention and Destruction Policy](#) (Legacy Spectrum Health)

## 10. Policy Development and Approval

### Document Owner:

Kyleigh Hafeli (Spec, Project)

### Writer(s):

Sarah Clark (VP, Registration/Fin Counseling)

### Reviewer(s):

Amy Assenmacher (SVP, Finance Revenue Cycle), Celeste McIntyre (SVP, Corporate Controller), Courtney Guernsey (VP, Patient Financial Services), Darryl Elmouchi (President, Corewell Health West), Hardik Dalal (SVP, Finance CHW), Loren Hamel (President, CHS & Strat Advisor CH), Matthew Cox (Chief Financial Officer), Steffany Dunker (Managing Counsel)

**Corewell Health Beaumont Leaders:** Benjamin Schwartz, MD (President, Corewell Health East), Christopher Flores (SVP Finance)



**Approver:**

Christina Freese Decker (President & CEO)

**11. Keywords:**

assistance, poverty, eligibility, charity, resolutions, professional courtesy, charity care, free care, fap

## Corewell Health Financial Assistance Eligibility Policy – Attachment A

Corewell Health's Financial Assistance Eligibility Policy ("Policy") only covers the Corewell Health Entities (listed in the Policy) and all providers employed by these Entities.

**Legacy Beaumont Health:**

A list of providers not covered by the Policy can be viewed on our website by clicking [here](#).

**Legacy Spectrum Health Lakeland:**

This Policy does not apply to Caring Circle. A list of providers not covered by the Policy can be viewed on our website by clicking [here](#).

**Legacy Spectrum Health West Michigan:**

A list of providers not covered by the Policy can be viewed on our website by clicking [here](#).

## National Health Service Corps and Michigan State Loan Repayment Sliding Fee Scale Discount Program - Attachment B

### The following shall be applicable to Corewell Health NHSC & MSLRP Approved Practice Sites Only

**POLICY:** To make available free or discounted services to those in need. Patients receiving care at a Corewell Health National Health Service Corps (“NHSC”) or a Michigan State Loan Repayment Program (“MSLRP”) approved practice site will be evaluated for financial assistance based on the NHSC requirements of income and family size and will not be evaluated based on other factors.

**PURPOSE:** All patients seeking health care services at Corewell Health NHSC & MSLRP sites are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Patients receiving care at an NHSC or MSLRP approved practice site may use the current [NHSC/MSLRP Confidential Financial Assistance Application](#). Applicants receiving care at the NHSC or MSLRP sites are not required to apply for benefits from third party insurance, state, federal or other charitable programs prior to being eligible for financial assistance.

Corewell Health NHSC & MSLRP approved practice sites will offer a Sliding Fee Scale Discount Program to all who are unable to pay for their services. No one who is unable to pay at a NHSC or MSLRP approved practice site will be denied access to services. Corewell Health will base program eligibility on a person’s ability to pay and will not discriminate on the basis of an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines (“FPG”) are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. However, patients receiving care at a Corewell Health NHSC or MSLRP approved practice site who are 250 percent or less of the poverty level (see <https://aspe.hhs.gov/poverty-guidelines> for the current guidelines) will receive elimination of all financial liability (free care) for the services provided at the NHSC or MSLRP approved site consistent with the sliding fee discount program.

### PROCEDURE:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Corewell Health will notify patients of the Sliding Fee Discount Program by:
  - Payment Policy information will be available to all patients at the time of service.
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
  - Information regarding the Sliding Fee Discount Program availability will be included with collection notices sent out by Corewell Health.
  - An explanation of our Sliding Fee Discount Program and our application form are available on Corewell Health’s website.
  - Corewell Health places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.

3. Administration: The Sliding Fee Discount Program procedure will be administered through the Patient Access Financial Assistance Review team. Information about the FAP and the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
4. Completion of Application: The patient/responsible party must complete the NHSC & MSLRP Confidential Financial Assistance Application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the application, persons are confirming their income as disclosed on the application form.
5. Eligibility: Discounts will be based on income and family size only.
  - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Corewell Health will accept non-related household members when calculating family size.
  - b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals may be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.
7. Discounts: Those patients of NSHC or MSLRP approved sites with incomes at or below 250% of poverty will receive a full 100% discount for health care services (i.e., will receive free care). NHSC & MSLRP approved sites patients are eligible for this discount for 90 days from the date of determination and must reapply every 90 days.
8. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, or, if applicable, the reason for denial. Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 90 days after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 90 days have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last application.
9. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient has not applied for the sliding fee schedule, information regarding the Sliding Fee Discount Program availability will be included with notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Corewell Health can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections. Corewell Health's Billing & Collections policy is applicable to NHSC & MSLRP patients who are above 250% of FPG. As described above, those below 250% FPG are not charged for care and therefore not subject to the collections policy.

10. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained by the program administrator. Details regarding application approvals and denials will be maintained by the practice management system and monitored by the program administrator.
11. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. Corewell Health will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
12. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

**Sliding Fee Schedule**

Family Size	FEDERAL POVERTY GUIDELINES	
	100%	250%
1	\$14,580	\$36,450
2	\$19,720	\$49,300
3	\$24,860	\$62,150
4	\$30,000	\$75,000
5	\$35,140	\$87,850
6	\$40,280	\$100,700
7	\$45,420	\$113,550
8	\$50,560	\$126,400
Each add'l	\$5,140	\$12,850

Entities will reference associated Documentation contained within this document as applicable  
 Printouts of this document may be out of date and should be considered uncontrolled.

## Attachment C

### Notice of Nondiscrimination:

It is the policy of Corewell Health and all subsidiary entities to provide quality healthcare to all persons. Corewell Health will not discriminate on the basis of race, color, national origin, citizenship, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. Admission and treatment decisions will be based solely on the medical needs of the patient and the capacity and capabilities of the facility to provide the medical care and treatment required. Admission and treatment will not be denied on the basis of ethnicity, color, gender, sex, race, national origin, religion, disability, age, HIV status, veteran or military status, source of payment for services or any other basis prohibited by federal, state or local law. Patients will be treated in a manner consistent with their gender identity.

See the [Patient Rights and Responsibilities](#) (Legacy Beaumont Health), [Patient Rights and Responsibilities](#) (Legacy Spectrum Health Lakeland) or [Patient Rights and Responsibilities](#) (Legacy Spectrum Health West Michigan) policy for further detail.

#### Corewell Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, for Legacy Spectrum Health contact Language Services at: 616.267.9701 or 1.844.359.1607 (TTY:711).

For Legacy Beaumont Health locations contact the Patient and Family Experience department at: 313-593-7070 (Dearborn, Taylor, Trenton, and Wayne), 947-521-8880 (Farmington Hills), 248-551-7040 (Grosse Pointe, Royal Oak, Troy), 248-426-6976 (Farmington Hills RNC), 248-743-9500 (Beaumont Home Health Services). 313-253-9024 (Dearborn RNC) or 947-522-2007 (Beaumont Medical Group).

If you believe that Corewell Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, sexual orientation, gender identity or religion you can file a grievance with:

- For Legacy Beaumont Health  
Patient Experience Department  
26901 Beaumont Blvd.  
Southfield, MI 48033  
947-522-1472  
[Pfcc@beaumont.org](mailto:Pfcc@beaumont.org)
- For Legacy Spectrum Health  
Director, Patient Experience  
100 Michigan St NE MC 006  
Grand Rapids, MI 49503  
616-391-2624; toll free: 1-855-613-2262  
[patient.relations@spectrumhealth.org](mailto:patient.relations@spectrumhealth.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH  
Building Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Contact Us

### Español (*Spanish*)

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-359-1607 (TTY: 711).

### العربية (*Arabic*)

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-359-1607 (رقم هاتف الصم والبكم: 711).

中文 (*Chinese*): 國語/普通話 (*Mandarin*), 粵語 (*Cantonese*)

請注意：如果您講中文，你可以獲得免費的語言輔助服務。請撥打1-844-359-1607（TTY 手語翻譯：711）。

### Tiếng Việt (*Vietnamese*)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-359-1607 (TTY: 711).

Ako govorite srpsko (*Serbian, Croatian or Bosnian*)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-359-1607 (TTY: 711). (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

### አማርኛ (*Amharic*)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-844-359-1607. (መስማት ለተሳናቸው: (TTY: 711).

### नेपाली (*Nepali*)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्

1-844-359-1607 (टिटिवाइ: (TTY: 711).

### Thuɔŋjaŋ (*Nilotic – Dinka*)

PID KENE: Na ye jam në Thuɔŋjaŋ, ke kuony yenë kɔc waar thook atö kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-844-359-1607 (TTY: 711).

**Kiswahili (Swahili)**

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-359-1607 (TTY: 711).

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1.844-359-1607 (TTY: 711). تماس بگیرید.

**Français (French)**

ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1.844-359-1607 (TTY: 711).

**(Burmese)**

အသိပေးခြင်း

သင်ပြောသော ဘာသာစကားကို အခမဲ့ ဘာသာပြန် ရှိပါသည်။ ဖုန်းခေါ်ရန်

**فارسی دری (Dari)**

توجه اگر به زبان دری صحبت می کنید، خدمات کمک زبانی بصورت رایگان برای شما در دسترس 1-844-359-1607 (TTY: 711). است. تماس ب

**Kreyòl Ayisyen (Haitian Creole)**

ATANSYON: Si ou pale Kreyòl Ayisyen, gen èd nan lang ki disponib gratis pou ou. Rele nimewo 1-844-359-1607 (TTY: 711).

**Ikinyarwanda (Kinyarwanda)**

ICYITONDERWA: Niba uvuga ikinyarwanda, serivisi z'ubufasha ku byerekeye ururimi, urazihabwa, ku buntu. Hamagara 1-844-359-1607 (ABAFITE UBUMUGA BW'AMATWI BIFASHISHA ICYUMA CYANDIKA -TTY: 711).

**Soomaali (Somali)**

DIGTOONI: Haddii aad hadasho Soomaali, adeegyada caawimada luqadda, oo bilaasha, ayaad heli kartaa. Wac 1.844-359-1607 (TTY: 711).

**اللہجۃ السودانیة (Sudanese)**

انتباه: إذا كنت تتحدث اللهجة السودانية، خدمات المساعدة بلغتك متاحة مجاناً. اتصل على الأرقام 1-844-359-1607 (رقم الصم والبكم: 711).

**தமிழ் (Tamil)**

கவனம்: நீங்கள் தமிழ் பேசினால், உங்களுக்கு இலவசமான மொழி உதவிச் சேவைகள் கிடைக்கின்றன. இந்த எண்ணை அழைக்கவும்: 1-844-359-1607 (TTY: 711).

**ትግርኛ (Tigrinya)**

ትኩረት: ትግርኛ እንድትረኩ ትግረብ ኮንካ፣ ናይ ቋንቋ ደገፍ ኣልግሎታት፣ ብናጻ ክቐርቡልካ እየሙ። ደውል 1.844-359-1607 (TTY: 711)።