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Policy:

Garden City Hospital will offer a discount payment program for financially qualified patients who meet the eligibility tests described below and comply with the requirements of the state of Michigan.

Procedure:

1. Eligibility for Participation In Discount Payment Program

A. Self-Pay Patients

A patient who does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid or whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital and whose family income does not exceed 450% of the Federal Poverty Level shall be eligible for the Discount Payment Program.

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital may qualify for the Discount Payment Program if all of the following conditions are met: (1) the patient has a family income of less than 450% of the Federal Poverty Level; (2) the patient does not receive a discount rate from the hospital as a result of his or her third party coverage; and (3) the patient has annual out-of-pocket costs incurred by that individual at Garden City Hospital that exceed 10% of the patient's family income in the prior 12 months or the patient has annual out of pocket expenses that exceed 10% of the patient's family income if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.

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C. Other Circumstances

The Director of the Hospital's Patient Financial Services, (PFS) shall also have the discretion to extend charity care or a discount to patients under the following circumstances:

- a. The patient qualifies for limited benefits under the State's Medicaid Program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital.
- b. The patient qualifies for a Medically Indigent Adult Program offered by a county other than the one in which the Hospital is located.
- c. Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the Hospital's PFS Director has reason to believe that the patient would qualify for charity or a discount, i.e., homeless;
- d. A Third Party Collection Agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or a discount be offered.

D. Definition of Patient's Family & Determination of Family Income

The "patient's family" means the following: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

Documentation of family income shall be limited to recent pay stubs or tax returns. The patient's assets or the assets of the patient's family may not be considered.

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Federal Poverty Levels

The measure of 450% of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The current Federal Poverty Levels are as follows:

The 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in family	Poverty Guidelines	450% of Poverty Level
1	\$14,580	\$65,610.00
2	\$19,720	\$88,740.00
3	\$24,860	\$111,870.00
4	\$30,000	\$135,000.00
5	\$35,140	\$158,130.00
6	\$40,280	\$181,260.00
7	\$45,420	\$20,4390.00
8	\$50,560	\$227,520.00
For Families with more than 8 persons, add \$5,140 for each additional person		
Source: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines		

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2. Discount Rates

For those patients who do not qualify for charity care but qualify to participate in the Discount Payment Program, the amount of discount shall be left to the discretion of the Hospital PFS Director provided however that the expected payment for services the hospital provides to any patient who is eligible under the Discount Payment Policy shall not exceed the amount of payment the hospital would receive for providing the services from Medicare, Medicaid, or any other government sponsored health program of health benefits in which the hospital participates, whichever is greater. This will be determined on a case by case basis.

3. Extended Payment Plans

Patients who are eligible to participate in the Discount Payment Program shall be permitted to make payments of the discounted amount over an extended period of time with no interest accruing or being charged.


4. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Discount Payment Program shall be directed and resolved by the Hospital's Chief Financial Officer.

5. Notices

In order to ensure that patients are aware of the existence of the Discount Payment Program, the following actions shall be taken:

A. Written Notice to Patients

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Each patient who is seen at Garden City Hospital, whether admitted or not, shall receive the notice attached hereto as Exhibit 1. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the hospital.

B. Posting of Notices

The notice attached hereto as Exhibit 2 shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) Other Outpatient Settings. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the hospital.

C. Notice to Accompany Bills To Potentially Eligible Patients

Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the hospital and the notice attached hereto as Exhibit 3. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the hospital.

6. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid

Garden City Hospital may make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the hospital to a patient including, but not limited to, the following:

(1) Private health insurance; (2) Medicare; and/or (3) the Medicaid program, or other state-funded programs designed to provide health coverage.

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If a patient does not indicate that he/she has coverage by a third party payor or requests a discounted price or charity care then the patient shall be provided with an application for the Medicaid program, or other governmental program prior to discharge.

7. Collection Activities

Garden City Hospital may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Garden City Hospital shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of Michigan State laws/regulations.

Neither Garden City Hospital nor any collection agency utilized by Garden City Hospital shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the initial billing if the patient lacks third party coverage or for a patient that provides information that he or she may be a patient with high medical costs.

In addition, if a patient is attempting to qualify for eligibility under Garden City Hospital's Charity Care Policy or the Discount Payment Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, Garden City Hospital shall not

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send the unpaid bill to any collection agency unless that entity has agreed to comply with Michigan State laws/regulations.

Garden City Hospital shall not, in dealing with patients eligible under the Charity Care Policy or the Discount Payment Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

8. Refunds

See Hospital's Refund Policy

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EXHIBIT 1

Charity Care & Discounted Payment Program

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact Garden City Hospital, PFS Designee at the Hospital at **734-458-4436** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **866-898-7139** for further information.

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Exhibit 2

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAS INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. PATIENTS SHOULD CONTACT GARDEN CITY HOSPITAL PFS DESIGNEE, AT THE HOSPITAL AT **734-458-4436** TO OBTAIN FURTHER INFORMATION. THE EMERGENCY DEPARTMENT PHYSICIANS, WHO ARE NOT EMPLOYEES OF THE HOSPITAL, MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT: **866-898-7139** FOR FURTHER INFORMATION.

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Exhibit 3

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, or other similar programs. If you have such coverage, please contact our office at **734-458-4436** as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, Garden City Hospital's Discounted Payment Program, or Charity Care. For more information about how to apply for Medicare, Medicaid, or other similar programs, please contact Garden City Hospital, PFS Designee at **734-458-4436** who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact Garden City Hospital's, PFS Designee, at the Hospital at **734-458-4436** to obtain further information. The Emergency Department Physicians, who are not employees of the Hospital, may also provide Charity Care or Discounted payment programs. Please contact **866-898-7139** for further information.