



Welcome to MetroHealth

A Guide to Your Stay



Welcome to MetroHealth



Thank you for trusting MetroHealth with your care. We're here to honor that trust.

Our team of expertly trained, dedicated doctors, nurses and other caregivers want to make sure you receive safe, high-quality care and that you go home having had the best possible hospital experience. That means we listen. And we partner with you and your family to help you achieve the best health possible.

If there's anything you need, any question you want answered or any concern you have, please talk to your nurse, doctor or other member of your MetroHealth care team. If there's something we can't provide, we will do everything we can to connect you with someone who can help. Because when you're here, you're family.

Regards,

A handwritten signature in black ink, reading "Akram Boutros, MD".

Akram Boutros, MD
President and Chief Executive Officer
The MetroHealth System

General Questions?

Our Patient Information line provides general information such as directions, addresses, visiting hours and visiting restrictions.

Please call **216-778-7800**. Representatives answer calls 24/7.

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During Your Stay



Your Team

Welcome from your nursing team!

Our top priority is delivering safe, high-quality care to you. That's why MetroHealth's nursing staff performs change-of-shift bedside reporting and purposeful hourly rounding.

Bedside Reporting

To personalize your care, our nursing team conducts change-of-shift reporting at bedside. This means that before your nurse leaves to go home, he or she will give a detailed report to your new nurse. Together, they will:

- Meet with you in your room to introduce the incoming nurse
- Ask you who should or should not be present when information is shared about your condition and care to ensure your privacy
- Review your history and treatment plan
- Update your whiteboard
- Provide you with the opportunity to be directly involved in making decisions about your care
- Answer your questions and hear your preferences. We encourage you to be involved!

Purposeful Hourly Rounding

Providing you with expert care is important to us. One of the ways we accomplish this is through purposeful hourly rounding. You will be visited by one of your caregivers every hour during the day. We know sleep is important for your healing process. We will perform rounds every two hours at night, but we will not wake you unless necessary.

During this time, we will:

- Ask you if you are in pain
- Assist you to the bathroom if needed
- Help you change position
- Close your door for privacy and quiet if desired
- Make sure your possessions are within reach
- Assess your general well-being

Purposeful hourly rounding means we are focused on your personal needs. This allows you and your loved ones to focus on your recovery.

Calling Your Nurse

If you want to talk to your nurse, please use the nurse call system at your bedside. We have special devices available if you cannot use the nurse call system. The names of your nurse and care team members can be found on the communication board in your room.

Preventing Falls - Call, Don't Fall!

Your safety is our first concern. Call us when you need to get out of bed. When you get out of bed alone without calling us first, you risk falling, which could result in severe injury or re-injury.

We will do our part to make sure appropriate fall protections are in place, but we need your assistance. Please ask for our help before attempting any of these or similar tasks during your stay. We will be there to assist you to:

- Get out of bed for any reason
- Reach for objects while lying down
- Replace equipment or supplies (ice, braces, cuffs)
- Reach objects on the floor

Remember: Call, Don't Fall!

Help Prevent Infections

- Wash your hands and remind visitors to wash their hands.
- Cover your mouth and nose when you cough or sneeze.
- Tell your nurse or physician if your bandage becomes loose, wet or soiled.
- If you had surgery, keep the area clean and speak up if you see redness or have concerns.
- Get your COVID-19 vaccine as soon as you are eligible.
- Get a flu vaccine every year.
- Take antibiotics only when needed and only as prescribed. This will help prevent more resistant (hard to treat) infections.

Help with a Change in Condition

If there's a change in your condition and you or your family doesn't feel it's being addressed, you can call the Condition Help Safety Hotline.

To reach the hotline, call 216-778-5400 or 85400 from any hospital phone.

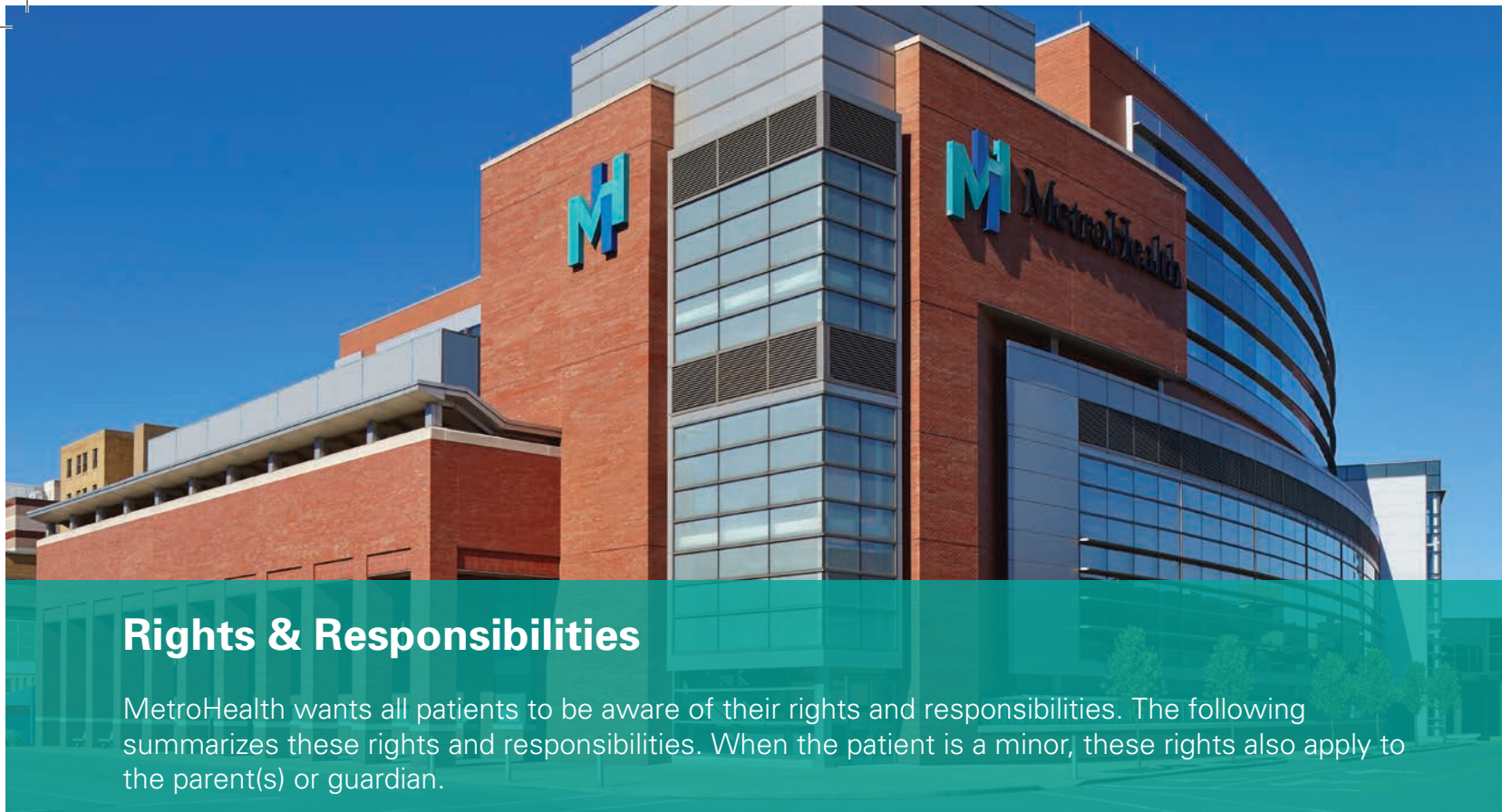
Personal Property

During your stay, you are responsible for your personal items. MetroHealth is not responsible for personal items during your stay, including but not limited to:

- Cash
- Hearing aids
- Dentures
- Electronic devices/phones
- Eyeglasses

Please do not place your dentures, eyeglasses or hearing aids on your meal tray or in a location where they could be thrown away.

A green cup will be provided for the storage of dentures and/or hearing aids; MetroHealth is not responsible for any breakage or loss. It's important to alert staff if your family or friends bring an item to you or take an item home during your admission so we can update the Property and Belongings Record.



Rights & Responsibilities

MetroHealth wants all patients to be aware of their rights and responsibilities. The following summarizes these rights and responsibilities. When the patient is a minor, these rights also apply to the parent(s) or guardian.

Rights - As a patient, caregiver or visitor of The MetroHealth System, you have a right to:

Access: Care and services without distinction. All persons and organizations having occasion to refer patients for services or to recommend The MetroHealth System are advised to do so without regard to any dimension or characteristic of diversity.

Respect and Dignity: Respectful, considerate care, with recognition of your personal dignity.

Privacy: Personal privacy during your treatment and care.

Security: Receive care in a safe setting free from abuse and/or harassment.

Confidentiality of Medical Record: Confidentiality of your protected health information (PHI). You have the right to review and access your PHI and instruct The MetroHealth System to send a copy of your PHI to someone else.

Advance Directives: Formulate Advance Directives and to have staff who provide care comply with your directives.

Identity: Know the names and responsibilities of all persons involved in delivering your healthcare.

Information: Complete information about your condition and treatment, in terms you understand.

Decision-Making: Make decisions related to your health care, to participate in ethical questions that arise during your course of care, including conflict resolution, withholding or withdrawing life-sustaining treatment, and participation in investigational studies. You also have the right to request treatment, refuse treatment and designate someone to make your decisions should you not be able to make them yourself (see Advanced Directives).

Pain Management: Receive information about pain and pain relief measures. Health care providers will respond to your reports of pain and provide pain management therapies as appropriate.

Notification: Have the following notified promptly of your admission, transfer or discharge: a caregiver or support person of your choice and your provider.

Restraints: Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

Freedom of Choice: Select the providers of your post hospital care; this includes Skilled Nursing Facilities, Long Term Acute Care Hospitals, Hospice, Acute Rehabilitation, Durable Medical Equipment, Home Infusion Companies and Home Health Care Agencies.

Patient Responsibilities - You, your caregiver(s) and visitor(s) are responsible for:



Consideration: Being considerate of other patients, visitors, and hospital staff, and for following hospital rules. Rude, threatening behavior or use of profanity directed at your care team will not be tolerated. Threats of violence against staff may result in discharge or transfer of care and/or services.

Keeping Appointments: Keeping appointments, or for rescheduling or cancelling appointments in advance.

Giving Information: Giving complete and accurate information about your health and medical history, including information about any recent changes or concerns related to your care. It is your responsibility to tell your provider or a member of your care team if you do not understand the treatments you are receiving or if you are unclear about plans for your on-going care.

Pain Management: Informing your provider, nurse or other care team member about your pain so that they may help you control your pain.

Following Instructions: Asking questions or telling us if you/your caregiver do not understand the instructions, or if you/your caregiver feel you cannot follow them so that your care team can partner with you on a care plan that will work best for you. If you/your caregiver choose not to follow instructions, you will be responsible for what happens to you.

Health Care Charges: Making certain your health care bills are paid as soon as possible and for providing accurate information regarding your place of residence and medical coverage.

The MetroHealth System Patient Financial Bill of Rights

Improving the health of the community is central to everything The MetroHealth System does. How MetroHealth fulfills that mission is also important. Service, accountability, respect and equality are among MetroHealth's core values.

MetroHealth supports the Patient Financial Bill of Rights. And here's how.

As a MetroHealth patient, I have ...

PROVIDER NETWORK

- 1. The right to accurate and up-to-date information about MetroHealth's participation in my insurance plan's provider network.**
 - I know I can obtain this information by calling MetroHealth's Customer Services at 216-957-3250 Option #2.
- 2. The right to collaborate with MetroHealth to help gain an understanding of what surprise billing is – and how to avoid it.**
 - I know I can reach out to representatives from MetroHealth's Pre-Service Department at 216-957-2325 Option #3, ask questions and get explanations about billing.

CHARGES

- 3. The right to not be charged for covered preventive care services.**
 - Preventive care keeps me and my family healthy. I know that many preventive care services are free under the law and that I will not be charged for these services. This link provides guidelines based on governmental preventive care visits: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PreventiveServicesPoster.pdf Commercial insurance typically follows this list.
 - However, if my insurance does not pay, I know I can call MetroHealth's Customer Advocacy Department to assist me.
- 4. The right to be informed, in advance, of any facility fees.**
 - I understand that receiving care at hospital outpatient departments means that I have convenient access to more services and procedures.
 - I know that I may receive two charges on my MetroHealth patient billing statement for the same date of service: one for where I receive my care/service and one for who provides it. For example, if I get an x-ray, I may receive a charge for where it is performed (the facility) and another charge for the clinician (the radiologist) reading the results.

ESTIMATES

- 5. The right to see a price estimate for services and a price list for elective procedures**
 - MetroHealth offers an online "My Cost Estimator" tool that allows me to receive price estimates based on my coverage. I can find that tool at: <https://estimator.pmmconline.com/MetroHealth/index.html>.
 - I will be able to review estimated costs for potential or scheduled services to help me understand my benefits and my out-of-pocket responsibility.
 - I will have access to a MetroHealth financial specialist who can assist me by calling 216-957-2325 Option 3.
- 6. The right to be informed of lower-cost options.**

- MetroHealth seeks to provide me with choices – choices in location, types of procedures, and medications that may help me.
- I can contact 216-957-2325 Option 3 to know what other options might be available for me.

BILLING • CUSTOMER SERVICE ADVOCACY • FINANCIAL COORDINATION

7. The right to be informed about, and given access to, financial-assistance/financial-coordination programs and reduced-price care programs.

- MetroHealth has always maintained a compassionate financial assistance policy.
- I have the right to have my personal financial circumstances confidentially reviewed to see if it might qualify for assistance.
- I deserve a process that is respectful, dignified and patient-centric with the goal of ensuring my uninterrupted care.
- MetroHealth also maintains answers to frequently asked questions online at: www.metrohealth.org/patients-and-visitors/financial-services/financial-services-faq
- MetroHealth is available to answer my questions about potential financial assistance programs via phone at 216-957-2325 Option 1 or toll free 877-509-0597.

8. The right to receive a clear billing statement, in language I understand.

- I know I will receive an Explanation of Benefits from my insurance company. This is not a bill. The Explanation of Benefits will list all charges, which ones will be paid by insurance and what, if anything, I owe.
- If I owe something for my care, MetroHealth also will send me a statement after my insurance company processes the claim, which will clearly state how much I need to pay.
- If I owe nothing, I will NOT receive a MetroHealth patient statement.
- I can request additional information about my health care coverage, including my out-of-pocket responsibility, by calling 216-957-2325 Option 3. My responsibility will depend on my personal coverage.
- If I do not have insurance, I will receive a MetroHealth patient statement reflecting my responsibility for payment.

9. An accurate itemized bill.

- Typically, only my insurer receives an itemized bill. However, I know I have the right to request MetroHealth to provide me with the same detailed bill.
- I can request an itemized bill on MyChart, by email or by mail.
- I know that I can call the Customer Advocacy Department at 216-957-3250 Option 2 if I would prefer to speak with someone and get clarification.

10. The right to know that if I dispute a bill, it will not be sent to a collection agency.

- MetroHealth offers many payment options, including payment plans with 0% interest, and that I can contact the Customer Advocacy Department at 216-957-3250 Option 2 to find out more about these options.
- MetroHealth also will carefully and thoughtfully review any bills I dispute – and will not send the bill to a collection agency while it is being reviewed.
- I understand that overdue bills that are not disputed may be sent out for collection.

11. The right to be informed of any conflicts of interest.

- MetroHealth maintains rigorous conflicts of interest policies and oversight.
- I will be informed of any conflicts of interests involving my providers.

Privacy

You have the right to personal privacy during your treatment and care. You also have the right to receive a Notice of Privacy Practices (NoPP), which explains your HIPAA rights and tells you how MetroHealth uses and discloses your health information.

You can get a copy of the NoPP by asking your caregiver, visiting metrohealth.org, or sending a request to the MetroHealth Privacy Officer, 2500 MetroHealth Drive, Cleveland, OH 44109.

Advance Directives



Fill Out Your Forms

Bring a copy of your advance directives with you the day of your procedure so your most current information and wishes are on file.

You do not need a lawyer to fill these out. For more information and if you need forms, contact the Social Work Office at **216-778-2371**, Monday through Friday, 8:30 a.m. to 5 p.m., and ask for the manager.

Choose Your Care

Fill out advance directives so your wishes are known, and your loved ones are sure of what you want.

One of the most important decisions you can make about your care is to fill out advance directives in case you can no longer speak for yourself. Advance directives are documents that let others know your wishes about the type of care you want. They will only be used if you become unconscious or too ill to communicate yourself.

Different states have different laws about advance directives. Check with your Admissions Department or nurse if you have any questions.

Directives can include:



Living Will

This set of instructions explains the type of life-prolonging medical care you wish to accept or refuse. It can include your wishes about the use of resuscitation (CPR) if your heart stops, a ventilator if you stop breathing, or feeding tubes or IVs if you cannot eat or drink.

Durable Power of Attorney for Health Care

This is a legal document that names your health care proxy — someone who is 18 years or older and can participate in medical decisions for you if you're unable to do so. An official health care proxy can represent your wishes on emergency care, but also on other medical issues like potential treatment options, blood transfusions, kidney dialysis, etc. Choose someone you trust, discuss your medical wishes with them, and make sure the person agrees to represent you in this role.

Declaration for Mental Health Treatment

You may appoint a proxy 18 years or older to participate in treatment decisions for you if you lose the ability to make mental health treatment decisions. The instructions will be followed only when your designated physician or psychiatrist and one other mental health treatment provider who has examined you determine that you do not have the capacity to consent to mental health treatment decisions. At least one of the two people who make this determination shall not currently be involved in your treatment at the time of the determination.

Important Information for MEDICARE Beneficiaries

Medicare Patients

We appreciate you choosing MetroHealth for your care.

The Admitting Department is available to assist you with understanding your rights as a Medicare patient. In accordance with Medicare guidelines, as a patient this is required within 36 to 48 hours of admission, depending on the circumstances. It is important for us to explain to you your Medicare rights as they relate to your hospital stay.

A representative will reach out to you upon Inpatient or Observation services to review the Medicare form within the first or second day of your stay. You may also contact the Admitting Department at 216-778-8011 at your convenience to complete this process or if you have any questions. The Admitting Department is available 7 days a week/24 hours a day. Please remember, based on Medicare requirements, it is necessary for us to provide you or your designee with this important information.

Below is a summary of Medicare forms that could be reviewed with you or your representative that require your acknowledgement and signature. A copy of the required forms is included in this booklet. All completed forms will be sent to your room following a discussion with a representative.

Medicare Required Forms:

- An **Important Message from Medicare (IM1)** is a hospital **inpatient** admission notice given to all beneficiaries (patients) with Medicare coverage explaining your discharge and appeal rights.
- The **Medicare Outpatient Observation Notice (MOON)** is a standardized notice to inform Medicare beneficiaries (patients) that they are an **outpatient** receiving observation services and are not an inpatient of the hospital.

Please remember, based on Medicare requirements, it is necessary for a representative to provide you or your designee with this important information, so your rights may be acknowledged, and a signature obtained.

Rights Under Medicare

Livantia LLC advocates for Medicare beneficiaries to ensure they receive all the health care benefits and rights entitled to them. Please feel free to contact Livantia if you have a concern.

Your Rights While You Are a Hospital Patient

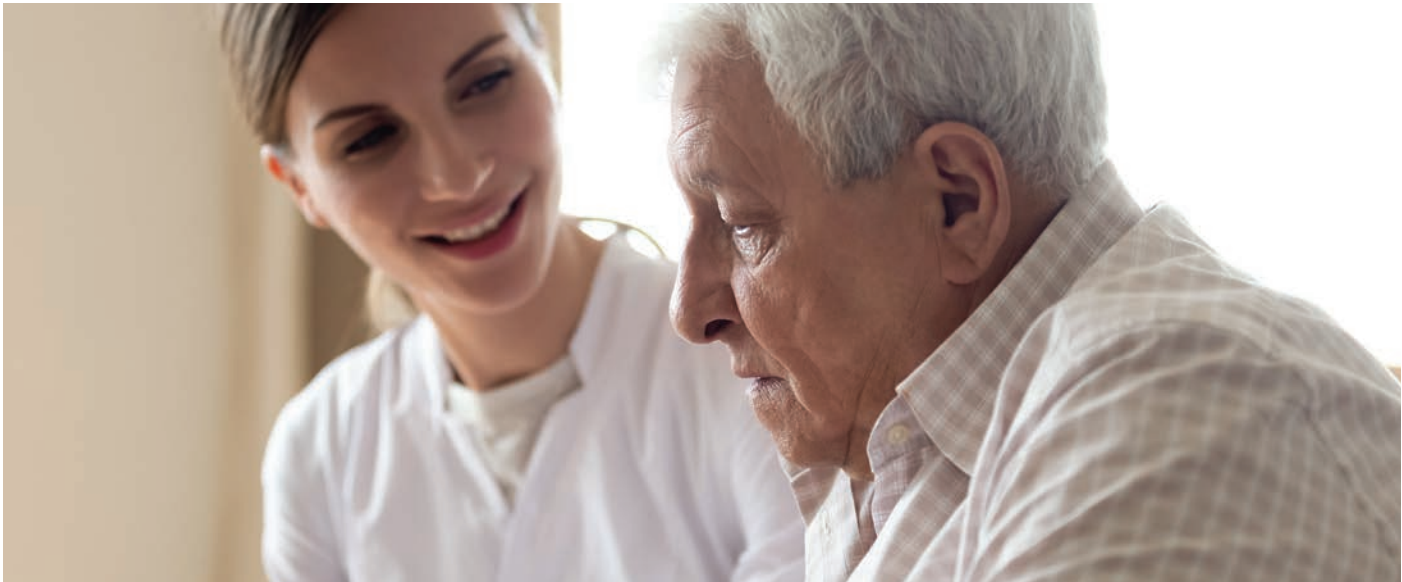
You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to federal law, your discharge date must be determined solely by your medical needs, not by any method of payment.

You have the right to be fully informed about decisions affecting the coverage and payment for your hospital stay and for any post-hospital services.



Talk to Your Health Care Team About Your Stay in the Hospital

You and your health care team know more about your condition and your health care needs than anyone else. Decisions about your medical treatment should be made between you and members of your health care team. If you have any questions about your medical treatment, your need for continued hospital care, your discharge or your need for possible post-hospital care, don't hesitate to ask your doctor or another member of your health care team. Your health plan, MetroHealth's patient representatives or your nurse case manager also will help you with your questions and concerns about hospital services.



If You Think You Are Being Asked to Leave the Hospital Too Soon and Are a Medicare Member

Upon admission, you will receive a written copy of an important message from Medicare about your rights. If you have not already received it, you may request it from your nurse case manager. This document explains your Medicare discharge rights regarding a peer review by a quality review organization. Peer Review Organizations (PROs) are groups of doctors who are paid by the federal government to review medical necessity, appropriateness and quality of hospital treatment provided to Medicare patients.

You may exercise your right to request an immediate review by the Peer Review Organization (PRO) if you disagree with the discharge plan and/or discharge date. Those enrolled in a managed care plan (like an HMO) have the same right to review.

How to Request an Immediate Review of the Decision for Discharge

If you disagree with your insurance plan's discharge decision, please contact your nurse case manager, and he or she will assist you in contacting the appropriate party.

If you have Medicare, please contact the Quality Improvement Organization number on the form you received from your nurse case manager or request the form.

You must contact the Quality Improvement Organization no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like co-pays and deductibles).

The Quality Improvement Organization can be reached at:

Livantia LLC

Toll Free Phone: **1-888-524-9900**

TTY: **1-888-985-8775.**

When you call Livantia, ask for a fast-track review. You should have the sheet titled "An Important Message About Your Rights" in hand when you call. Patients are given this sheet upon admission and then again before they leave the hospital.

Please note:

- You can file a request for an appeal any day of the week. Once you speak to someone or leave a message, your appeal has begun.
- Ask the hospital if you need help contacting the Quality Improvement Organization.
- You will receive a detailed notice of discharge from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- The Quality Improvement Organization will ask for your opinion. You or your representative needs to be available to speak with the Quality Improvement Organization, if requested. You or your representative may give the Quality Improvement Organization a written statement, but you are not required to do so.
- The Quality Improvement Organization will review your medical records and other important information about your case.
- The Quality Improvement Organization will notify you of its decision within one day after it receives all necessary information.
- If the Quality Improvement Organization finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
- If the Quality Improvement Organization finds that you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the Quality Improvement Organization notifies you of its decision.
- If you do not request a review from the Quality Improvement Organization, the health plan or hospital may bill you for all the costs of your stay beginning at the point when the health plan's hospital coverage ends as noted in the "Important Message from Medicare."
- The health plan or hospital, however, cannot charge you for care unless you received the "Important Message" information.

If You Miss the Deadline to Appeal, You Have Other Appeal Rights

You still can ask the Quality Improvement Organization or your plan for a review of your case:

- If you have Original Medicare, call the Quality Improvement Organization listed on page 13.
- If you belong to a Medicare Advantage Plan or other Medicare managed care plan, call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

**For more information, call:
800-MEDICARE (800-633-4227)
TTY: 877-486-2048**

Important Message from Medicare

Patient name: _____ Patient number: _____

Your Rights as a Hospital Inpatient:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
 - You can be involved in any decisions about your hospital stay.
 - You can report any concerns you have about the quality of care you receive to your QIO at: **Ohio Livanta LLC**. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
-

Name of QIO: Ohio Livanta LLC

Telephone: 1-888-524-9900 TTY: 1-888-985-8775

- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
 - You can speak with your doctor or other hospital staff if you have concerns about being discharged.
-

Your Right to Appeal Your Hospital Discharge:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

The MetroHealth System

2500 MetroHealth Drive, Cleveland, OH 44109 • Phone: 216-778-2075

How to Ask For an Appeal of your Hospital Discharge

- You must make your request to the QIO listed above.
- Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
- The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
- Call the QIO **listed on Page 1** to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan: Call your plan:
Insurance Plan _____
Insurance Telephone # _____

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov .

Additional Information:

To speak with someone about this notice, call: **Center for Care Coordination 216-778-2075**

Hospital Name: The MetroHealth System

Provider ID: Acute: 360059

Psych: 36S059

Rehab: 36T059

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Signature of Patient or Representative

Date / Time

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

The Medicare Outpatient Observation Notice (MOON)

The Medicare Outpatient Observation Notice (MOON) is a standardized notice to inform Medicare beneficiaries (patients) that they are an outpatient receiving observation services and are not an inpatient of the hospital. When you are an Observation patient your current status does not meet Medicare's rules for inpatient admissions.

Medicare Part B covers outpatient hospital services, including observation services when they are medically necessary.

To review the Medicare Outpatient Observation Notice (MOON), please refer to the next page.

If you have any questions about the form, the Admitting Department can be reached at 216-778-8011 to answer any questions. The department is available 7 days a week/24 hours a day.





Medicare Outpatient Observation Notice

Patient name: _____ Patient number: _____

You're a hospital outpatient receiving observation services. You are not an inpatient because:

Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
 - o A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
 - o 20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Your costs for medications:

Generally, prescription and over-the-counter drugs, including “self-administered drugs,” you get in a hospital outpatient setting (like an emergency department) aren’t covered by Part B. “Self-administered drugs” are drugs you’d normally take on your own. For safety reasons, many hospitals don’t allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You’ll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you’re enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you’re a Qualified Medicare Beneficiary through your state Medicaid program, you can’t be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understand this notice.

Signature of Patient or Representative

Date / Time

CMS does not discriminate in its programs and activities. To request this publication in alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

State, District, County and Local Agencies

If you have any questions concerning the care you have received, you may, at any time, contact any of these agencies:

Department of Health – State Office

Ohio Department of Health

Health Care Facility Complaint Hotline, ODH
PCSU

246 N. High St. Columbus, OH 43215
800-342-0553

Department of Health – Local Office Ohio Dept. of Health – N.E. District Office, Bureau of Long-Term Quality

161 S. High St., Suite 400
Akron, OH 44308-1612
330-643-1300

Ombudsman – State

Long Term Care Ombudsman 50 W. Broad St.,
9th Floor Columbus, OH 43215-3363
800-282-1206

Ombudsman – Local

2800 Euclid Ave., Suite 200
Cleveland, OH 44115
216-696-2719
800-365-3112
216-696-6216 (fax)

Ohio Department of Insurance

50 W. Town St.
3rd Floor, Suite 300 Columbus, OH 43215-1067
800-686-1526 (Consumer Hotline)
800-686-1527 (Fraud Hotline)

Ohio Department of Insurance – Senior Hotline

Ohio Senior Health Insurance Information
Program (OSHIIP) 800-686-1578

Medicaid – Local

Ohio Medicaid Consumer Hotline 800-324-8680
Medicaid Consumer Hotline –
Fraud 1641 Payne Ave., Room 350
Cleveland, OH 44114
216-987-7000

Medicare

Social Security Administration – Medicare Office
1240 E. Ninth St., Room 793
Cleveland, OH 44114
800-772-1213 (Social Security)
www.socialsecurity.gov
Medicare Hotline (Fraud and Abuse)
800-633-4227

Medicare Complaint Hotline

800-404-8702
Department of Aging – State
Ohio Department of Aging 50 W. Broad St.,
9th Floor Columbus, OH 43215-3363
800-266-4346 (General Information)

Western Reserve Area Agency on Aging

925 Euclid Ave., Suite 550
Cleveland, OH 44115
800-626-7277 (Ohio Only)

Concerns

If you have concerns about the care you or your loved one is receiving, please speak with your doctor or nursing supervisor. If you feel that your issue isn't resolved, contact Patient Relations at **216-778-5800**.

Complaint/Grievance Process

MetroHealth is committed to providing quality care to our patients and ensuring that their rights are supported. As part of this commitment, we encourage you to share your opinions with us regarding our care and services.

If you have a complaint or concern, we are committed to resolving your concerns quickly and at the first level of contact, whenever possible.

We encourage you to share your questions/ concerns with a member of your health care team, physician, or unit manager, or you may call the Patient Relations department directly, which will assist you with your concern, at **216-778-5800**.

Although we believe that your concerns can be resolved through this process, you may, at any time, contact the following organizations:

The Joint Commission's Office of Quality and Patient Safety (OQPS)

By internet: www.jointcommission.org, using "Report a Patient Safety Event" link in the "Action Center" on the home page.

By phone: 630-792-5800

By mail: The Joint Commission/OQPS

One Renaissance Blvd.

Oakbrook Terrace, IL 60181

U.S. Department of Health and Human Services Office for Civil Rights (Region V)

By phone: 1-800-368-1019

Ohio Department of Health

By phone: 1-800-669-3534

By mail: Ohio Department of Health Complaint Unit

246 N. High St.

Columbus, OH 43215

The MetroHealth Compliance Hotline and MetroHealth (Collaborative Care Partners) Hotline

By phone: 216-778-1660

The hotline is available 24 hours a day, seven days a week. All messages left on the compliance hotline are confidential. Messages are checked Monday through Friday. Anyone can use the hotline to report suspected violations of federal, state and local law, as well as The MetroHealth System policies and procedures relating to questionable conduct.

Leaving Against Medical Advice

MetroHealth respects the decision of competent patients who choose to leave MetroHealth facilities or their patient care unit against medical advice (AMA). Patients who leave their patient care unit will be considered to have left AMA.

The only exceptions are when staff accompanies the patient, the patient is on a rehabilitation unit and is signed out, a postpartum patient is signed out to the Neonatal Intensive Care Unit or the patient is signed out to a waiting room.

Smoking is not a reason to leave the patient care unit. No hospital equipment other than a wheelchair or walker can leave the unit.

If the patient is incapacitated, then the patient's legal representative will be contacted regarding the possible AMA discharge.

If the patient is a minor and the parent takes the patient AMA, Child Protective Services will be contacted.

Virtual Visit vs. In-Person Visit

How to Choose Care

Your MetroHealth care team is always here for you, whether it's in person or through a virtual visit. If you're not sure what visit type is best for you, call or MyChart message your provider today.
metrohealth.org/appointments

In-person visit

You should **ALWAYS** see a provider in-person for these concerns:







Telehealth vs. In-Person Visit

How to Choose Care

Your MetroHealth care team is always here for you, whether it's in person or through a telehealth visit. If you're not sure what visit type is best for you, call or MyChart message your provider today.
metrohealth.org/appointments


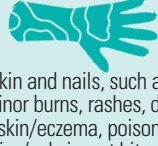









In-person visit

You should **ALWAYS** see a provider in-person for these concerns:

| | | | | | |
|---|---|---|--|---|---|
|  |  |  |  |  |  |
| New patients to build relationship with provider | Annual preventive care/physical exam | New or ongoing, undiagnosed issues that require a physical exam, tests and screenings | Upset stomach/abdominal pain | Reproductive health | Procedures (such as sutures, suture removal, breathing treatment, etc.) |

Telehealth visit

You can see a provider through a telehealth (video or telephone) visit for these types of concerns and more:

| | | | | | |
|---|--|---|--|---|--|
|  |  |  |  |  |  |
| Fever, cough, cold or flu | Skin and nails, such as minor burns, rashes, dry skin/eczema, poison ivy/oak, insect bites athlete's foot, ingrown nails or acne | Cuts that do not require stitches | Joint or back pain/sprains | *Respiratory infections, bronchitis, seasonal or pet allergies | Chronic disease management (Diabetes, Headaches, High Blood Pressure, High Cholesterol, Weight Management, Smoking Cessation) after you have a treatment plan |
|  |  |  |  |  | |
| Sore throat, sinus infections, stuffy nose or hoarseness | New patients with urgent-type needs, like sore throat, cough and ear pain | Gastrointestinal, such as heartburn, nausea, vomiting or diarrhea | Women's issues, such as urinary tract infections | Eye infections, irritations or pink eye | |



For You and Your Family



Important Services

Guest Visitation Policy

Visitors are important to the well-being of patients. The love and support of friends and family at your bedside can provide much-needed comfort and can help with healing.

At MetroHealth, we partner with our patients and their visitors to create a welcoming experience. We offer designated visitation hours that best support our patients and our care teams' ability to provide care.

Designated visitation times and number of visitors are specific to the area of the hospital you are located. Additionally, information regarding our designated visitation hours and visitation policy are located on our website at metrohealth.org or you/your visitors may call **216-778-7800**.

Public Transportation and Parking

Public Transportation: MetroHealth is accessible by RTA bus lines. 51-A-B-C (MetroHealth Line) and 81 (Tremont-Storer) bus lines are operated by RTA and link MetroHealth's Main Campus with both Downtown and the surrounding Greater Cleveland neighborhoods. Please call 216-621-9500 or visit riderta.com for bus schedules, hours of service, fares and other information.

Parking for Cars and Bicycles

Visitor Parking is available in several locations.

Hospital Parking Garage: Located on MetroHealth Drive across from the Towers entrance.

- Parking Garage Hours: Monday through Sunday 7 a.m. – 11 p.m.
- Towers Entrance Hours: Monday through Friday 7 a.m. – 7:45 p.m.
Saturday and Sunday 9 a.m. – 4:45 p.m.

Outpatient Plaza Parking Garage: Located below the Outpatient Plaza. Visitors can access from Scranton Road or Southpoint Drive.

- **Parking Garage Hours:** Monday through Friday 7 a.m. – 7 p.m. Please contact MetroHealth Police at 216-778-3000 if you need to exit this structure outside these hours.
- **Outpatient Plaza Entrance Hours:** Monday through Friday 6:30 a.m. – 7:00 p.m., Saturday 10 a.m. – 2 p.m., Sunday – Closed

Covered Bicycle Racks

- **Hospital Parking Garage:** Twenty-four spots available
 - **Emergency Department Entrance:** Two spots available
- *Please bring your own lock.

Visitor Parking Surface Lot: Located on Scranton Road across from The Glick Center. Visitors can access from West 25th Street or Scranton Road.

- **Surface Lot Hours:** 24/7
- **Emergency Department Entrance Hours:** 24/7

Valet Parking (not a free service) is available in the following areas.

- **Emergency Department Valet:** Located at the Emergency Department entrance on Scranton Road.
Hours: Monday through Friday 5:30 a.m. – 11 p.m., Saturday and Sunday 7 a.m. – 11 p.m.
- **Towers Valet:** Located across from the Hospital Parking Garage on MetroHealth Drive.
Hours: Monday through Friday 8 a.m. – 5 p.m.

Parking Rates

Weekly Visitor passes are available to purchase at the cashier booths. Cost is \$15 per week (seven consecutive days) from the date purchased.

Daily Parking Rates

| <u>Self Park</u> | <u>Valet</u> |
|------------------|-------------------|
| < 1 Hour is Free | < 1 Hour is \$7 |
| 1-2 Hours is \$4 | 1-2 Hours is \$8 |
| 2-3 Hours is \$6 | 2-3 Hours is \$9 |
| > 3 Hours is \$8 | 3-4 Hours is \$10 |
| | > 4 Hours is \$11 |

Accessible Parking is available in all parking garages and lots. The surface parking lot can accommodate large vans and buses.

Wheelchairs are staged at the three main entrances: MetroHealth Drive/Towers, Scranton Road/ Emergency Department and the Outpatient Plaza. If you need assistance to an appointment, please go to the closest information/welcome desk and a staff member will contact Patient Transport. Information/welcome desks are located at each of the main entrances. A transporter will come to help you to your appointment. You should request a transporter when you arrive.

Language Interpretation/Services

A telephone interpreting service for more than 200 languages can be accessed 24/7 using any MetroHealth phone or video enabled device. Onsite interpretation may also be provided.

If you are deaf or hard of hearing, we have 24/7 American Sign Language video interpretation and can arrange for in-person sign language interpreters during your stay. If you are visually impaired, we have a variety of items to assist you. All these services are free. Talk to your care team for more information.

Arabic: 833-369-3441

Cantonese: 833-373-8783

Mandarin: 833-373-8787

Nepali: 833-369-3442

Russian: 833-373-8789

Spanish: 216-778-7800

Swahili: 833-360-5158

Ukrainian: 833-366-5156

(Follow prompts)

Point to a language. An interpreter will be provided to you at no charge.

Sign Language Services can be arranged in advance by calling **216-778-7800**.

Assistive devices for hearing and vision impairments are available from Interpreter Services. Please call **216-778-7800**.



Amharic

ቋንቋዎን በመጠቀም ያመልክቱ፤
ከዚያም ያለምንም ክፍያ
አስተርጓሚ ይመደብለዎታል።

Arabic

حدد لغتك وسوف تحصل
على مترجم مجاني.

Bosnian

Pokažite na svoj jezik i
besplatan prevodilac će biti
omogućen.

Cambodian

ចង្អុលប្រាប់ភាសារបស់លោកអ្នក
យើងនឹងអនុវត្តបកប្រែឥតថយគុណភាព ថ្លៃ។

Chinese

指著你所說的語言，我們將給
你分派一名免費口譯人員

Farsi

لطفاً به زبان مورد نظر خود اشاره
کنید و یک مترجم همراه بدون هزینه
در اختیار شما قرار خواهد گرفت

French

Pointez sur votre langue,
un interprète vous aidera
gratuitement.

German

Bitte waehlen Sie Ihre Sprache. Die
Uebersetzung erfolgt durch einen
Dolmetscher und ist kostenlos.

Hindi

इशारा कर के आपकी भाषा बताएं, आपको
दुभाषिये की मुफ्त सेवाएं प्रदान की जाएगी

Italian

Indicare la lingua prescelta ed
un'interprete verrà fornita
gratuitamente.

Japanese

あなたの話す言語をお知らせ
下さい。無料で通訳をおつけ
いたします。

Korean

귀하의 언어를 가리키세요
그러면 해당 언어 통역사가
귀하에게 비용 없이 제공됩니다.

Lao

ຊີ້ໃສ່ພາສາຂອງທ່ານ ແລະ ນາຍພາສາ
ຈະໃຫ້ບໍລິການແກ່ທ່ານໂດຍບໍ່ ຄິດຄ່າ.

Polish

Wskaż, jakim mówisz językiem
a my zapewnimy Ci bezpłatnego
tłumacza.

Portuguese

Aponte no seu idioma, e
providenciaremos-lhe um(a)
intérprete sem custo algum.

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਲ ਇਸ਼ਾਰਾ ਕਰੋ, ਤੁਹਾਡੇ ਲਈ
ਮੁਫਤ ਦੁਭਾਸ਼ੀਏ ਦਾ ਪਰਬੰਧ ਕੀਤਾ ਜਾਵੇਗਾ।

Russian

Укажите на название своего
языка, и вам бесплатно будет
предоставлен переводчик.

Spanish

Señale su idioma y recibirá los
servicios de un intérprete sin
costo alguno para usted.

Ukrainian

ВКАЖІТЬ ЯКОЮ МООВОЮ ВИ РОЗМОВЛЯЄТЕ.
ВАМ ВИКЛИЧУТЬ ПЕРЕКЛАДАЧА.
ПОСЛУГИ ПЕРЕКЛАДАЧА НАДАЮТЬСЯ
БЕЗКОШТОВНО.

Vietnamese

Hãy cho biết ngôn ngữ của quý
vị và một thông dịch viên sẽ
giúp quý vị miễn phí.

Safety

Fire

We conduct fire drills from time to time. If you hear an alarm, stay where you are. In an actual emergency, hospital staff will help you and tell you what to do.

Public Safety

The MetroHealth Department of Public Safety is committed to protecting and serving the MetroHealth community. If you have concerns or need help, please call the dispatch center at 216-778-3000.

Smoking

Smoking, including e-cigarettes, is not allowed at any MetroHealth location or property, including parking facilities. For information about MetroHealth's Smoking Cessation Program, call 216-778-7503.

Dining and Nutrition Services



Patient Meals

We are delighted to offer room service to make your stay more comfortable. Meals are freshly prepared and delivered to your room within 45 minutes of ordering. See the Room Service menu in your room for details.

*Vegan inpatient menu is now available.

Visitor Dining Options

Visitors can enjoy a meal from MetroHealth's two cafes. Visitors can also enjoy a delivered meal through our guest meal program. See your room service menu located in your room for details.

MetroHealth Atrium Grille

Location: First floor

Hours:

Weekdays: 6:30 a.m. to 7 p.m.

Weekends: 7 a.m. to 7 p.m.

MetroHealth Towers Café

Location: First floor, next to the gift shop

Hours:

Weekdays: 6 a.m. to 4 p.m.

MetroHealth's Ethics Committee

We want to assist patients, family members, friends, and health care professionals regarding health care issues of an ethical nature.

Examples may include:

- Understanding patient and family wishes and values.
- Resolving conflicts regarding difficult treatment decisions or goals of care.
- Decisions at or about the end of life, such as advance directives.

Any patient, family member, or health care professional may request a clinical ethics consultation on behalf of a patient. Call **216-778-8497** or page **216-207-1095**.

Patient Information

Family and friends may call **216-778-7800** to be connected to their loved ones. Patients have the right to restrict or opt out of having their information shared with visitors or callers.

Patient Relations

If you have concerns about the care you or your loved one is receiving, please speak with your doctor or nursing supervisor. If you feel that your issue isn't resolved, contact Patient Relations at **216-778-5800**.

Spiritual Care

When illness or injury affects your life, your days can be filled with uncertainty, stress and even life-changing questions. MetroHealth chaplains are available to help you find the spiritual and emotional strength you need to get through these difficult times. Chaplains support those who are religious and have connection to a faith tradition, and those who are not. If you would like to speak to one of our chaplains, please contact our Spiritual Care Team at **216-778-4663** or ask your nurse to page the Spiritual Care Team. You're also welcome to visit MetroHealth's chapel, located on the first floor of the Inpatient Towers in Room 167, near the MetroHealth Drive/Towers entrance.

Social Work/Care Management



A successful recovery starts with a solid plan before you leave the hospital.

If you need a rehabilitation facility, nursing home, skilled care or other service after your stay, you'll need time to find and weigh your options. For help comparing services in your area, talk to your social worker or RN Case Manager or you can call Social Work/Care Management at **216-778-5551**.



Gift Shop

MetroHealth partners with Nurture Gift Shop to offer an ever-changing assortment of unique and locally made gifts, seasonal floral arrangements, greeting cards and balloons. Nurture also offers a selection of infant apparel and plush toys. In addition, you will also find everyday essentials including over-the-counter items, toiletries, snacks, beverages, and magazines. Nurture Gift Shop is located on the first floor, near the Towers Cafe.

Call 216-778-5388 for more information.



Library

MetroHealth has a branch of the Cuyahoga County Public Library (CCPL) located on the first floor, near the Towers Café and Gift Shop.

Our location offers a variety of library materials to borrow (or you can return your CCPL borrowed items here) and computers with internet access.





MyChart Gets You Connected to Your Health

MyChart gives you online access to your medical record. Whether you're at work, on the road, or at home, you can view test results, messages from your doctor, and your key medical information.

You can even access your family's records and schedule your next appointment online.

MyChart Features:

Check-in before you arrive.

- Verify demographics, insurance information, pre-pay, keep your medication list up-to-date, as well as update your allergies – all before you arrive.

Access your test results.

- No more waiting for a phone call or letter. View your results and your doctor's comments within days.

Communicate with your doctor.

- Get answers to medical questions without phone tag or unnecessary appointments.

Manage your appointments.

- Schedule your next appointment or view details of your past and upcoming appointments.

Pay bills online.

- Access and pay your copays and bills from home.

Request prescription renewal.

- If your prescription has expired or you do not have any refills left, request a renewal from your provider.

Download, Send, or Receive Medical Records.

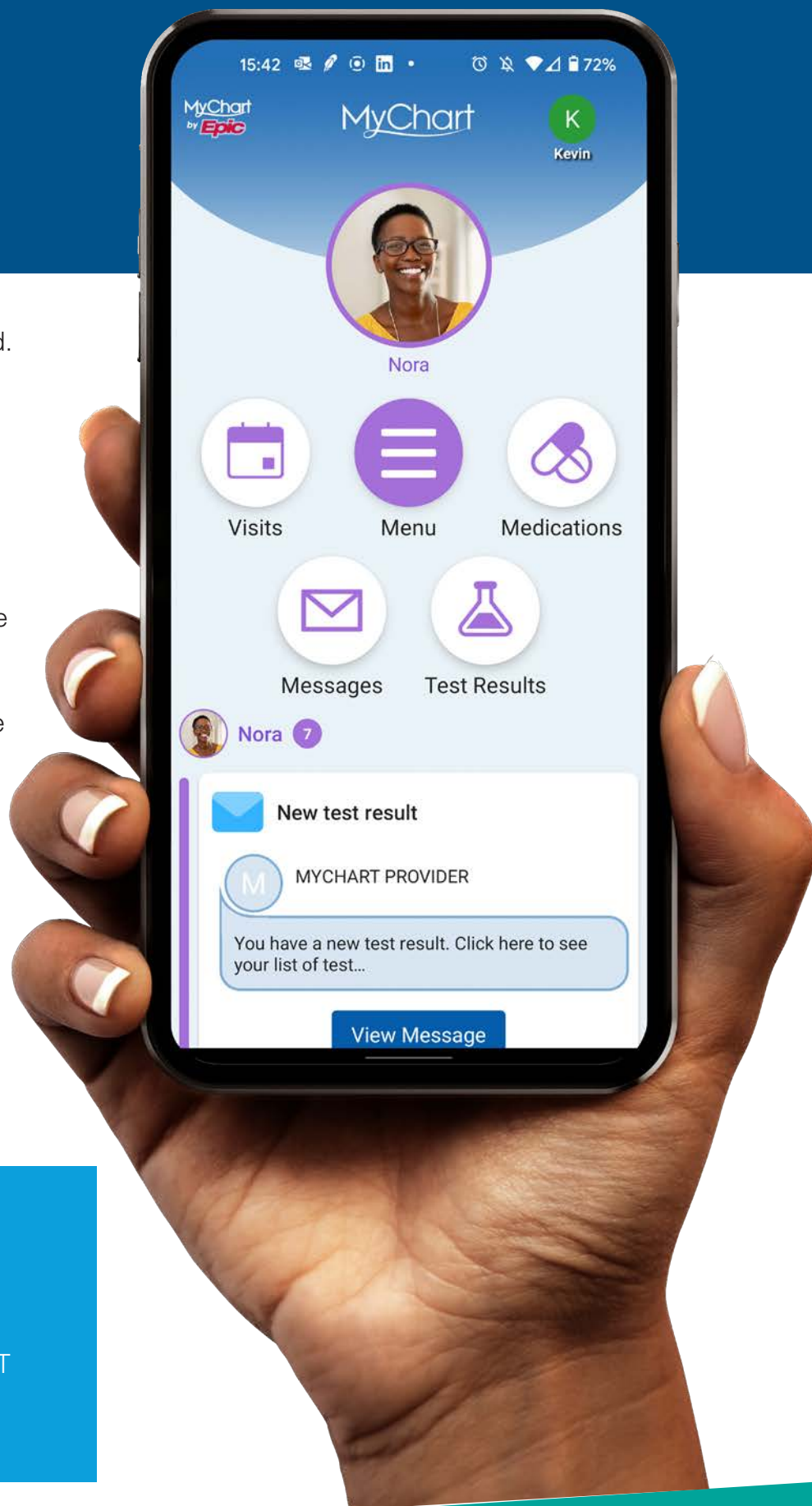
- Download and/or send visit summaries to another provider. You can also download records you requested from Medical Records.

Download the MyChart App

MyChart is available for iOS and Android.

How to Download MyChart for MetroHealth

1. Go to the App Store or Google Play on your mobile device
2. Search for "MyChart"
3. Download the app
4. Open the app on your mobile device and choose MetroHealth as your provider
5. Log in with your MyChart username and password



MyChart Support

Email: mychart@metrohealth.org

Phone: 216-778-8801

Monday – Friday, 7 a.m. – 7 p.m. ET
Cleveland, Ohio

Expert Rehab Care for the Most Serious Conditions



MetroHealth Rehabilitation Institute: A Leader In Healing and Innovation

At The MetroHealth System, our experts in rehabilitation offer cutting-edge care for the most complex injuries and illnesses. As one of the first hospital research institutes in the country dedicated solely to rehabilitation, our mission is to restore function and get you back to your best quality of life.



The MetroHealth Rehabilitation Institute is:

- Nationally recognized for expertise in rehabilitation after brain injury, spinal cord injury and stroke
- The only facility in northern Ohio with dedicated units for stroke, brain injury and spinal cord injury/major trauma rehabilitation
- One of only 14 federally designated spinal cord injury "Model Systems" in the U.S.
- A global leader in developing electrical stimulation technologies to restore movement and function for people with paralysis
- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for its demonstrated commitment to improving quality and patient satisfaction



Rehabilitation
Institute

Now recognized among
Newsweek's best
Physical Medicine &
Rehabilitation Centers
nationwide.



Here for you when it matters most.
metrohealth.org/rehabilitation



When You Go Home



When You Go Home

Are You Ready to Go?

Use this checklist to prepare yourself for discharge.

- ☐ I talked with my doctor or advanced practice provider, nurses and/or staff about what I will need help with.
- ☐ I understand what my medications are and how to take them.
- ☐ I understand where to get my medications when I run out.
- ☐ I know the symptoms and side effects to watch for.
- ☐ I know who to call if I have a problem.
- ☐ I understand where I am going when I leave the hospital.
- ☐ Someone close to me knows I am leaving the hospital.
- ☐ Someone close to me knows what I need once I go home.
- ☐ I understand the changes and limitations to my diet and activities.
- ☐ I understand when I need to return to my doctors or advanced practice providers for a follow-up.
- ☐ I have transportation to my follow-up appointment.
- ☐ I have packed all my personal belongings.
- ☐ I have my medications for home.
- ☐ I have a key available to me now to enter my home.
- ☐ I have transportation to leave the hospital.

If you have questions about your discharge from the hospital, please call the Hospital Discharge Line at **216-778-6632** to speak to a nurse.

Pharmacy

Prescription Bedside Delivery

MetroHealth pharmacy will deliver your discharge medication to your bedside prior to your discharge. Ask your caregivers for details.

Our Mail Order Pharmacy also allows you to get your refills mailed to your home with no additional fees.

We can fill all your prescriptions. For your convenience, we have eleven retail pharmacy locations across Northeast Ohio. For more information about our pharmacy services, call **216-957-MEDS**.

Specialty Pharmacy



ACCREDITED

Mail Order Pharmacy

Save up to 60% of your copay
FREE SHIPPING

Multiple Language & Label Reading



Compliance Packaging



Only offered through Mail
Order Pharmacy



Let us flavor your child's
prescriptions for **FREE**

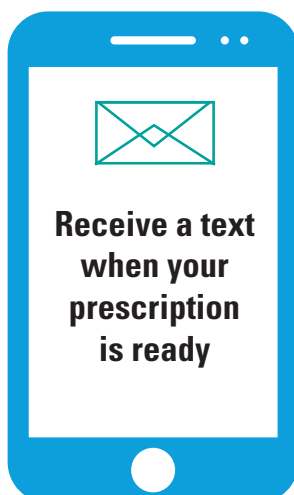
11 Convenient Locations

- 1 Beachwood
- 2 Bedford
- 3 Brecksville
- 4 Broadway
- 5 Buckeye
- 6 Cleveland Heights
- 7 Main Campus
- 8 Middleburg Heights
- 9 Ohio City
- 10 Old Brooklyn
- 11 Parma

One Convenient Phone Number

216-957-MEDS

Great Over-the-Counter Pricing



Immunizations

| | |
|------------|-------------|
| COVID-19 | Hepatitis A |
| Influenza | Hepatitis B |
| Pneumonia | Rabies |
| Shingles | |
| Tetanus | |
| Meningitis | |
| HPV | |

Meds to Bed Program

Medications delivered to your
bedside prior to discharge
from the hospital

Patient Now Button

A Physician Pharmacy Alert
Prescriptions ready when
arriving at the pharmacy

Refill Your Prescriptions Online!

For more information visit
metrohealth.pharmacy

Medication Therapy Management





Post-Hospital Care

You may need some assistance when it's time to leave the hospital to allow for your continued recovery. Your multidisciplinary team (physicians, nurses, physical therapist, occupational therapist, social worker and/or case manager) will work with you to coordinate a safe discharge plan.

Keep in mind that all the services described below have strict eligibility guidelines, and your insurance may affect whether services are available or paid. Most insurance plans require a preauthorization for acceptance to a facility.

Home Health Care is care provided in your home by skilled medical professionals, including skilled nursing care, physical therapy, occupational therapy and speech therapy. Under the majority of insurance plans, patients must be considered homebound to qualify for skilled home health care. Services are time limited and usually provided a couple times a week. Skilled home health care does not provide 24-hour care or non-skilled services (dressing/bathing, meal prep, housekeeping, etc.). These services are not covered by insurance or Medicare; however, a list of agencies that offer these services at an out-of-pocket cost can be provided. There are some Medicaid funded programs that do offer non-skilled services and supports. Ask the social worker or case manager if you need more information.

Skilled Nursing Facility (SNF) aka Sub Acute is care provided at a skilled nursing facility. Patients receive a combination of physical, occupational, speech therapy and possibly nursing care. Generally, patients in a SNF receive between one and two hours of therapy per day. The care is short-term and length of stay at the facility is determined by your rate of progress in therapy and your insurance.

Acute Rehabilitation is care provided at an acute rehabilitation center. Patients recovering from specific medical conditions may be candidates for acute rehabilitation. The stay is short-term, must meet rehabilitation guidelines and requires approval by an acute rehabilitation physician. Patients receive a minimum of therapy three hours per day, up to six days per week which includes physical, occupational and/or speech therapy. Patients are medically managed by specially trained physicians.

Long-Term Acute Care (LTAC) is care provided at an acute care hospital. LTACs specialize in treating patients who may have complex medical conditions and meet insurance guidelines for admission.

MetroHealth has preferred providers for home health care and skilled nursing facilities. However, every patient is offered freedom of choice and can select an agency or facility of their choice within their insurance network. We will provide a list of services or facilities.

To reach your assigned social worker or case manager call the Care Coordination Office at **216-778-5551**. The office is open Monday through Friday from 8:30 a.m.- 4:45 p.m.



MetroHealth Locations

Beachwood Health Center

216-957-9959
3609 Park East Drive
Floors 1-3, 5 in North Building
Beachwood, Ohio 44122

Bedford Medical Offices

216-524-7377
19999 Rockside Road
Bedford, Ohio 44146

Brecksville Health and Surgery Center

216-957-9000
9200 Treeworth Blvd.
Brecksville, Ohio 44141

Broadview Heights Sports Medicine and Physical Therapy

216-957-7678
Cleveland Sports Institute
1 Eagle Valley Court, Suite 204
Broadview Heights, Ohio 44147

Broadway Health Center

216-957-1500
6835 Broadway Avenue
Cleveland, Ohio 44105

Brooklyn Health Center

216-398-0100
5208 Memphis Avenue
Cleveland, Ohio 44144

Brunswick Health Center

216-957-1450
1299 Industrial Parkway North
Suite 250
Brunswick, Ohio 44212

Buckeye Health Center

216-957-4000
2816 East 116th Street
Cleveland, Ohio 44120

Cleveland Heights Medical Center

216-524-7377
10 Severance Circle
Cleveland Heights, Ohio 44118

Glenville Community Health Center

216-957-5600
11100 St. Clair Avenue
Cleveland, Ohio 44108

Lakewood Recovery Resources

216-431-4131
14805 Detroit Avenue
Suite 200
Lakewood, Ohio 44107

LGBT Community Center of Greater Cleveland

216-957-4905
6705 Detroit Avenue
Cleveland, Ohio 44102

Lyndhurst Health Center

Brainard Place Medical Center
29001 Cedar Road, Suite 518
Lyndhurst, Ohio 44124

Main Campus Medical Center

216-778-7800
2500 MetroHealth Drive
Cleveland, Ohio 44109

Medina Health Center (Reagan Parkway)

330-725-6226
111 W Reagan Parkway
Medina, Ohio 44256

Middleburg Heights November Family Health Center

216-957-9700
7800 Pearl Road
Middleburg Heights, Ohio 44130

MetroHealth Locations

Midtown Recovery Resources

216-431-4131
3950 Chester Avenue
Cleveland, Ohio 44114

Ohio City Family Dentistry

216-778-4725
3701 Lorain Avenue
Cleveland, Ohio 44113

Ohio City Health Center

216-957-4848
4757 Lorain Avenue
Cleveland, Ohio 44102

Old Brooklyn Medical Center

216-957-2000
4229 Pearl Road
Cleveland, Ohio 44109

Old Brooklyn Recovery Resources

216-431-4131
4269 Pearl Road
Cleveland, Ohio 44109

Parma Medical Center (Snow Road)

216-524-7377
12301 Snow Road
Parma, Ohio 44130

Rocky River Medical Offices

216-957-3200
20575 Center Ridge Road
Suite 500
Rocky River, Ohio 44116

State Road Family Practice

440-582-1484
12744 State Road
North Royalton, Ohio 44133

West 150th Health and Surgery Center

216-251-6990
4330 West 150th Street
Cleveland, Ohio 44135

West Park Health Center

216-957-5000
3838 West 150th Street
Cleveland, Ohio 44111

Westlake Health Center

216-957-3200
38 Main Street
Suite 300
Westlake, Ohio 44145

Westlake Physical Therapy at the West Shore Family YMCA

216-778-4414
1575 Columbia Road
Westlake, Ohio 44145



We Value Your Feedback

Your Voice Matters

Once you are at home, you may receive a survey about your hospital stay. We thank you in advance for taking the time to complete it. The survey will ask questions about your nursing care, doctor care, medications, cleanliness of your room and overall impression of the hospital. We value your feedback and will use your comments to enhance our patient experience.

Ways to Give Back to MetroHealth

Whether you give your time, talent or treasure, your involvement in MetroHealth matters. For all of us.

MetroHealth Foundation

In support of the new hospital project, the Transformation, MetroHealth has launched a philanthropic campaign: For All of Us. The campaign will support community programs, education and research, and development of expanded campus green space. Your support funds dozens of MetroHealth programs that make Northeast Ohio and its residents healthier every day.

Our goal is to raise a minimum of \$100 million in philanthropic contributions for our Transformation. We hope you will join us.

Contact us at **216-778-5665** or visit **metrohealth.org/foundation**.

If you wish not to receive any fundraising communication supporting The MetroHealth System or The MetroHealth Foundation, please contact The MetroHealth System's Foundation and System Philanthropy Department by email at **mhfdevelopment@metrohealth.org** or by phone at **800-325-5606, ext. 85665** (calling from in Ohio) or **800-554-5251, ext. 85665** (calling from outside Ohio).

Volunteer at MetroHealth

Donating your time in even simple ways can help those in need and benefit your health and happiness.

Why Should I Volunteer?

It's Healthy for You. The benefits of volunteering are enormous to you, your family and our community. Volunteering and supporting others can help reduce stress and provide a rewarding sense of purpose.

It Can Fit Your Busy Schedule. While it's true that the more you volunteer, the more benefits you'll experience, volunteering doesn't have to involve a long-term commitment. Donating your time in even simple ways can help those in need and benefit your health and happiness.

The Benefits Are Well-Known. Research has found volunteering can support mental and physical health, life satisfaction, self-esteem and happiness.

Visit metrohealth.org/volunteer-services. Call **216-778-4471** or email volunteer@metrohealth.org for more information.





Mission

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

Vision

MetroHealth will be the most admired public health system in the nation, renowned for our innovation, outcomes, service and financial strength.

Our Values

Service to Others
Teamwork
Accountability
Respect
Inclusion, Diversity
and Racial Equity
Quest for Excellence





