



Programs to Help You Afford Health Services

What is the purpose of these programs?

The MetroHealth System has programs and services that may help you afford your medical bills. These Financial Assistance Programs are here to help you with your financial needs so you can concentrate on a healthier you.

How can I learn more about the programs?

There are several ways to find out more:

1. You can call The MetroHealth System's Financial Eligibility Team at 216-957-2325 (select Option 1) to discuss your specific needs. Our staff is here to help you determine which Financial Assistance Program would best fit your needs.
2. Visit The MetroHealth System's website at www.metrohealth.org and click on Financial Assistance.

Can you help me apply for Medicaid or help with my Medicaid redetermination when it is time to renew my Medicaid?

Yes, we can assist with the Medicaid application and redetermination process.

1. If you would like to request assistance with your Medicaid application, please call 216-957-2325 (select Option 1).
2. You can also apply for Medicaid by visiting www.benefits.ohio.gov.
3. You can also apply for Medicaid over the phone by calling 1-844-640-6446.

Can you help me apply for Medicare?

Yes, we can assist with the Medicare application process.

1. If you would like assistance applying for Medicare, please call 216-957-2325 (select Option 1).
2. You can also apply for Medicare by visiting www.Medicare.gov.
3. You can also apply for Medicare over the phone by calling 1-800-633-4227.

Can you help me apply for other insurance products, such as the Health Insurance Marketplace®?

Yes, we can assist you with identifying other available insurance products and funding sources. This includes, for example, insurance plans available under the Health Insurance Marketplace® under the Affordable Care Act. You may also be eligible for subsidies to lower the cost of your premiums.



1. If you would like assistance understanding what insurance products may be available to you, please call -957-2325 (select Option 1) to discuss your options and be connected to other resources.
2. You can also visit www.healthcare.gov to compare plans or contact a free health care navigator.
3. You can also call 1-800-318-2596.

Why should I apply for health insurance if I can?

Health insurance is important for you, even if you are healthy. Our health is unpredictable. Going without health insurance could lead to medical debt or delaying receiving essential care. Health insurance also promotes your overall health and well-being. Health insurance offers benefits beyond catastrophic events, including coverage for preventative services and screenings that can identify health issues early. Preventative health services are proven to help you stay healthy in the long term. Most preventative services, screenings, and wellness exams are covered 100% under most commercial insurer's preventative coverage at no cost to you.

Options for obtaining health insurance include employer-sponsored plans, Health Insurance Marketplace® plans, government programs like Medicare, Medicaid, or CHIP, and more.

What are The MetroHealth System Financial Assistance Programs?

You may qualify for a program specific to your needs based on the Federal Poverty Guidelines, available under Financial Assistance at www.metrohealth.org. Medicaid and our Financial Assistance Programs use these guidelines to qualify patients for the different types of assistance. Your income and family size/household size are reviewed by The MetroHealth System's Financial Eligibility Team. This review determines what amount of reduction you may receive to your charges.

You must contact The MetroHealth System's Financial Eligibility Team to determine whether you are eligible for any Financial Assistance Programs. Cooperation with us may require and include, for example, providing evidence of eligibility for and submitting applications for insurance through other assistance programs, such as CHIP, Medicaid, Supplemental Security Income, the Health Insurance Exchange, Medicare, etc.

- **Income is Up to 100% of Federal Poverty Guidelines:**
Bill is reduced by 100%

How do you qualify?

- Income is 0-100% of the Federal Poverty Guidelines
- Ohio residents receive a reduction of 100% (patient will not receive a bill)



- Non-Ohio residents for all other services will be provided assistance to receive services in their home state and receive a reduction of 100% (patient will not receive a bill)

- **Income is 101-200% of Federal Poverty Guidelines:**

Bill is reduced by 100%

How do you qualify?

- Income is between 101-200% of the Federal Poverty Guidelines
- Cuyahoga County residents receive a reduction of 100% (patient will not receive a bill)
- Non-Cuyahoga County residents will be provided assistance to receive services in their home county or state and receive a reduction of 100% (patient will not receive a bill)

- **Income is 201-250% of Federal Poverty Guidelines**

Bill is reduced by 100% OR 75% depending on residency

How do you qualify?

- Income is between 201-250% of the Federal Poverty Guidelines
- Cuyahoga County residents receive a reduction of 100% (patient will not receive a bill)
- Non-Cuyahoga County residents requiring Trauma or Burn Care receive a reduction of 100% (patient will not receive a bill)
- Non-Cuyahoga County residents for all other services will be provided assistance to receive services in their home county or state and receive a reduction of 75% of their bill

- **Income is 251-300% of Federal Poverty Guidelines**

Bill is reduced by 75% OR 70% depending on residency

How do you qualify?

- Income is between 251-300% of the Federal Poverty Guidelines
- Cuyahoga County residents requiring Trauma or Burn Care receive a reduction of 100% (patient will not receive a bill)
- Cuyahoga County residents for all other services will receive a reduction of 75% of their bill
- Non-Cuyahoga County residents will be provided assistance to receive services in their home county or state and receive a reduction of 70% of their bill

- **Income is 301-400% of Federal Poverty Guidelines:**

Bill is reduced by 70% OR 65% depending on residency

How do you qualify?

- Income is 301-400% of the Federal Poverty Guidelines
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- Cuyahoga County residents receive a reduction of 70% of their bill
 - Non-Cuyahoga County residents will be provided assistance to receive services in their home county or state and receive a reduction of 65% of their bill
- **Income is Over 400% of Federal Poverty Guidelines OR You Have Not Engaged with Financial Counseling**
Bill is reduced by 65%

How do you qualify?

- Your income is above 400% of Federal Poverty Guidelines and you have no insurance or coverage for your services, or you have insurance but have elected to be self-pay
- OR you have not engaged with The MetroHealth System's Financial Eligibility Team
- Ohio residents and non-Ohio residents receive a reduction of 65% of their bill

I did not engage with The MetroHealth System's Financial Eligibility Team and received a bill in the mail that I cannot afford. What are my options?

Patients are strongly encouraged to make a request for financial assistance and obtain a financial need determination before seeking non-emergent medically necessary services. If you did not yet engage with the Financial Eligibility Team and received a bill in the mail and believe you are eligible for a Financial Assistance Program, you should call The MetroHealth System's Financial Eligibility Team at 216-957-2325 (select Option 1) to discuss your specific needs. Our staff is here to help you determine which Financial Assistance Program would best fit your needs and can adjust your bill and/or discuss other available options, such as no-interest payment plans.

If you are eligible for Medicaid, it is especially important that you reach out as soon as possible to ensure that any eligible services can be covered by Medicaid and lower your costs.

What if I do not qualify for a Financial Assistance Program, or qualify for a Financial Assistance Program but still cannot pay my medical bill?

The MetroHealth System has other programs to ensure that medical bills are not a barrier to care. You should contact The MetroHealth System's Financial Eligibility Team at 216-957-2325 (select Option 1) to discuss your options.

If you cannot afford your medical bill and have made a good faith effort to pay what you can, a payment plan may be arranged. Payment plans may require a financial assessment.

What happens if my financial circumstances, insurance status, residency, or family size change?



You must notify The MetroHealth System of any change in your financial circumstances, insurance status, residency, or family size that could impact your eligibility for a Financial Assistance Program. Failure to report any changes may cause you to lose eligibility and be held financially responsible for all benefits received while ineligible.

For example, if you qualified for a Financial Assistance Program and The MetroHealth System later discovers that you have a third-party resource available to pay for your medical bill, the financial assistance award will be revoked until the third-party resource has been exhausted. Third-party resources may include health insurance, auto insurance medical payments coverage, third-party auto liability insurance claims, estates, or proceeds from a personal injury lawsuit related to treatment received at The MetroHealth System.