



Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650
1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

Dental Requests

Veteran is in need of dental services and does not have dental insurance and is not eligible to use the dental clinic at the VA. (See attached for eligibility)

We will refer these veterans to one of Metro Health's dental clinics.

Prior to seeing the dentist they must complete an application for financial assistance with Metro Health. This application will determine if they are eligible for one of the two required discounts for dental services. If they are not eligible, they will not qualify to seek assistance for this need through us.

All information and documents for the application with the Metro Health Financial Assistance Services are attached.

Website: www.metrohealth.org/financial-assistance

Phone number: 216-957-2325

If approved for one of the discounts, the veteran will schedule an appointment with the clinic of their choice identifying themselves as a veteran that is in need of a treatment plan that will be presented to the Veterans Service Commission.

Once the treatment plan is received the veteran will place a regular financial assistance application requesting assistance with the cost of the treatment plan. There is no special consideration and assistance of dental only counts as a month of assistance for temporary and lifetime aid purposes.

Dental clinic locations:

- Metro Health Medical Center Main Campus. 216-778-4725
- Metro Health Broadway Health Center. 216-957-1850
- Metro Health Old Brooklyn Health Center. 216-957-2100



Financial Assistance Services at MetroHealth

The MetroHealth System provides outstanding, life-long care for all members of our community. There are programs that may help you pay for your health care costs. Whether you may want to apply for healthcare insurance through the HealthCare Exchange ([/medicaid-Expansion-Example](#)), apply for Medicaid or need Financial Assistance, MetroHealth is here to help you. MetroHealth and the government both sponsor programs to enable you to receive the highest quality of care, even if you may not be able to afford it.

Contact Us

Eligibility Team

For questions related to insurance or program enrollment, please contact the Financial Eligibility Team at **216-957-2325** Monday - Friday from 8 a.m. to 5 p.m.

Customer Service

You may contact our Financial Services Customer Service Team by calling **216-957-3250** Monday through Thursday from 8 a.m. to 8 p.m. or Friday 8 a.m. to 5 p.m. Or e-mail customerservice@metrohealth.org (<mailto:customerservice@metrohealth.org>). *We will respond to customer service inquiries within four business days.*

- [Current Federal Poverty Guidelines \(/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/2018-Federal-Poverty-Levels.pdf\)](#)
- [Healthcare Exchanges and Medicaid Expansion \(https://www.metrohealth.org/medicaid-Expansion-Example\)](https://www.metrohealth.org/medicaid-Expansion-Example)
(<https://www.metrohealth.org/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/Financial-Assistance-FAQ-R5-3.31.14.pdf>)
- [Financial Assistance Frequently Asked Questions \(FAQs\)](#)
(<https://www.metrohealth.org/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/Financial-Assistance-QA-2.26.15.pdf>)
- **Required Documentation** for Financial Assistance Visit ([/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/MHS-Financial-Assistance-Info-2016.pdf](#))
- [Application for Financial Assistance \(/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/FAP-HCAP-2014-Application-rev3.31.16.doc\)](#)

The information below summarizes our Financial Assistance Programs.

MetroHealth uses the Federal Poverty Guidelines ([/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/2018-Federal-Poverty-Levels.pdf](#)) for medically necessary services to help determine what Financial Assistance Program best fits your needs.

• Income is Up to 100% of Federal Poverty Guidelines

After a financial assessment of the patient's income has been completed, the patient's bill will be reduced by 100% if their income level is at or below 100% of the Federal Poverty Guidelines and they are a resident of the State of Ohio. Non-Residents of the State of Ohio requiring Emergency, Trauma, or Burn Care will receive 100% reduction if their income is at or below 100% of the Federal Poverty Income Guidelines. Non-residents of the State of Ohio will be

provided assistance to receive other services in their home state OR receive a 75% reduction to their bill.

• Income is 101 – 300% of Federal Poverty Guidelines

After a financial assessment of the patient’s income has been completed, the patient’s bill will be reduced by 100% if their income level is between 101% and 300% of the Federal Poverty Guidelines and they are a resident of Cuyahoga County. Non-Residents of Cuyahoga County requiring Emergency, Trauma, or Burn Care will receive 100% reduction if their income is between 101% and 300% of the Federal Poverty Income Guidelines. Non-residents of Cuyahoga County will be provided assistance to receive other services in their home county or state OR receive a 75% reduction to their bill.

• Income is 301 – 400% of Federal Poverty Guidelines

After a financial assessment of the patient’s income and assets have been completed, the patient’s bill will be reduced by 75% if their income level is between 301% and 400% of the Federal Poverty Guidelines and they are a resident of Cuyahoga County. Non-Residents of Cuyahoga County requiring Emergency, Trauma, or Burn Care will receive a 75% reduction if their income is between 301% and 400% of the Federal Poverty Income Guidelines. Non-residents of Cuyahoga County will be provided assistance to receive other services in their home county or state OR receive a 75% reduction to their bill.

• Income is Over 400% of Federal Poverty Guidelines

After a financial assessment of the patient’s income and assets has been completed, uninsured patients over 400% of the Federal Poverty Guidelines will be enrolled in the Self-Pay/Uninsured Program. Residents of Cuyahoga County will automatically receive a 65% reduction to their bill. Non-Residents of Cuyahoga County automatically will receive a 50% reduction to their bill which is equivalent to MetroHealth’s average insurance discount.

• Presumptive Charity Care

MetroHealth has a process to validate the patient’s ability to pay, and in the event that the patient does not contact us, nor apply for financial assistance, we may extend the patient charity care for that episode of care. This applies only to patients who do not inform us of insurance coverage.

Financial Assistance Programs

| Income as compared to Federal Poverty Guidelines | Reduction Applied to MetroHealth’s Bill |
|--|---|
| 0-100% | 100% Resident State of Ohio 100% Non-Resident of State of Ohio for Emergency, Trauma or Burn Care 75% Non-Resident State of Ohio for all other services |
| 101-300% | 100% Resident of Cuyahoga County 100% Non-Resident of Cuyahoga County for Emergency, Trauma or Burn Care 75% Non-Resident of Cuyahoga County for all other services |
| 301 – 400% | 75% Resident of Cuyahoga County 75% Non-Resident of Cuyahoga County for Emergency, Trauma or Burn Care 75% Non-Resident of Cuyahoga County for all other services |
| 401% and above without insurance coverage | 65% Resident of Cuyahoga County 50% Non-Resident of Cuyahoga County |

For patients whose income is at or below (0% to 100% of the Federal Poverty Guidelines (FPG) and meets all additional eligibility criteria, The MetroHealth System participates in Ohio’s Hospital Care Assurance Program (HCAP), with 100% reduction of the bill.

(/upload/docs/main/Patient%20Visitor%20Information/Patient%20Financial%20Services/Financial-Assistance-FAQ-R5-3.31.14.pdf)

To learn more about how our Financial Eligibility Team may help you with insurance enrollment or the Financial Assistance Programs please call **216-957-2325, Monday - Friday from 8 a.m. to 5 p.m.**

<https://www.metrohealth.org/financial-assistance>

Application for Financial Assistance

The MetroHealth Financial Assistance Program / HCAP

If you meet the Federal Poverty Guidelines or would like to be considered for the MetroHealth Financial Assistance Program, please complete this form in its entirety and return it to MetroHealth Medical Center attention Admitting Department.

PATIENT NAME: _____ DATE OF APPLICATION: _____

APPLICANT NAME, IF NOT PATIENT: _____

(If the applicant is not the patient, please answer the following questions as they apply to the patient.)

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

DATE(S) OF SERVICE: From _____ To _____

1. Were you an Ohio resident at the time of service? Yes _____ No _____
2. Were you an active Medicaid recipient at the time of service? Yes _____ No _____
3. Were you an active recipient of Disability Assistance at the time of service? Yes _____ No _____
(If you answered Yes to this question, please attach a copy of your DA card effective during service to this application.)
4. Did you have health insurance (other than Medicaid) at the time of service? Yes _____ No _____

List below the following information for all of the people in patient's immediate family who live in the home. "Family" is defined as the patient, the patient's spouse (living in the home or not), and all of the patient's children under 18 (natural or adoptive) who live in the patient's home.

| Name | Age | Medical Record # | Relationship to Patient | Number of Months income received of the 12 months prior to the date of service | Hourly Rates | | And/ Or | Monthly Rates |
|--------------------------------|-----|------------------|----------------------------|--|--------------|---|---------|---|
| | | | | | Hourly Rate | Average Number of Hours Worked Per Week | | Monthly Income (includes SSI, alimony, unemployment) Include the benefit type: SSI, BWC, Etc. |
| (Patient) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total persons in family | | | Total family income | | | | | |

Please check type of income verification attached. Please note: send copies of documents. Originals will not be returned.

- Copies of Pay Stubs for the 3 and/or 12 months prior to the date of service
- Letter from employer stating gross income for the 3 and/or 12 months prior to the date of service
- Social Security/Pension/Disability benefit letter covering the 3 and/or 12 months prior to the date of service
- Unemployment benefit verification for the 3 and/or 12 months prior to the date of service

If you report a \$0 income, please write a brief explanation above of how you are supporting yourself financially for the 3 and/or 12 months prior to the date of service. If you receive support from someone, please have that person provide a letter stating the time period they have supported you and the type of support that has been provided.

*You are required to notify MetroHealth System of any changes to household income or health insurance status as a participant in this program.
 *I hereby authorize credit and employment information to be released to the MetroHealth System and its representatives to determine eligibility for benefits. I give my permission to The MetroHealth System to provide my name, address, telephone number and necessary medical and billing information to the organization that assists patients of MetroHealth to qualify for government and other medical benefit programs including Johnson & Johnson Patient Assistance Foundation, Inc. and the Lash Group, Inc. for purposes of the Hospital Access Patient Assistance Program."
 *I understand that if I withhold information or present fraudulent information, MetroHealth reserves the right to revoke discounts assigned and retro-adjudicate previously discounted claims.
 *By my signature below, I certify that everything I have stated on this application and on any attachments is true.

 Applicant Signature
 Date _____

 Financial Counselor Signature
 Plan Assigned _____

The MetroHealth System Financial Assistance Program and Hospital Care Assurance Program Information Sheet

The MetroHealth Systems offers a variety of programs to assist with health care costs. To find out if you qualify, please call our Eligibility Team at (216) 957-2325.

You will be asked to provide documentation for you and your family as follows:

Photo ID:

- Current Photo ID such as Drivers License, State Issued ID, Permanent Resident Card or Passport

Residency:

- Utility bill or other commercial mail received in your name within the last 60 days
- Signed rental agreement
- Passport or visa for citizens of other countries

Family Members:

- Your birth certificate and those of your minor children
- Adoption documents of minor children
- Marriage certificate or divorce decree

Income:

Documents describing gross income for the past 3-12 months including:

- Current tax return, including W-2s, or proof of non-filing
- Pay stubs from each employer
- Report of gross income and dates of employment from temp agency
- Social Security benefits
- Pensions
- Unemployment income
- Workers Comp income
- Self-employment income
- Rental income
- Letter of support
- Other income

Please Note:

- We can also assist with identifying other medical benefit programs that may be available for you.
- We can assist you with applications for other medical benefit programs.
- All proof of income and residency must be current – within the last 60 days.
- Discounts do not apply to visit co-pays or elective services.

Following the Federal Poverty Guidelines and the Hospital Care Assurance Program Guidelines, The MetroHealth System determines:

- If the proof you provide is acceptable documentation
- If you qualify for a discount
- The level of discount and length of time for the discount



Dental Benefits for Veterans

Dental benefits are provided by the Department of Veterans Affairs (VA) according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases treatment may be limited. This Fact Sheet describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

Outpatient Dental Program

The eligibility for outpatient dental care is not the same as for most other VA medical benefits and is categorized into classes. If you are eligible for VA dental care under Class I, IIA, IIC, or IV you are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations.

| If you: | You are eligible for: | Through |
|---|--|----------------|
| Have a service-connected compensable dental disability or condition. | Any needed dental care | Class I |
| Are a former prisoner of war. | Any needed dental care. | Class IIC |
| Have service-connected disabilities rated 100% disabling, or are unemployable and paid at the 100% rate due to service-connected conditions. | Any needed dental care. [Please note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating]. | Class IV |
| Apply for dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more during the Persian Gulf War era. | One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.* | Class II |

| If you: | You are eligible for: | Through |
|---|---|----------------|
| Have a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma. | Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth/condition(s) that are trauma rated. | Class IIA |
| Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition. | Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service connected medical condition. | Class III |
| Are actively engaged in a 38 USC Chapter 31 vocational rehabilitation program. | Dental care to the extent necessary as determined by a VA dental professional to: <ul style="list-style-type: none"> • Make possible your entrance into a rehabilitation program • Achieve the goals of your vocational rehabilitation program • Prevent interruption of your rehabilitation program • Hasten the return to a rehabilitation program if you are in interrupted or leave status • Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or • Secure and adjust to employment during the period of employment assistance, or enable you to achieve maximum independence in daily living. | Class V |
| Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment. | Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment. | Class VI |
| Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039. | A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions. | Class IIB |

** Note: Public Law 83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be noncompensable are no longer eligible for Class II outpatient dental treatment.*

Inpatient Dental Program

Veterans receiving hospital, nursing home, or domiciliary care will be provided dental services that are professionally determined by a VA dentist, in consultation with the referring physician, to be essential to the management of the patient's medical condition under active treatment.

Additional Information

For more information about eligibility for VA medical and dental benefits, contact VA at 1-877-222-VETS (8387) or <http://www.va.gov/healthbenefits/>.

