MetroHealth

Redesigning Charity Care Through AI, Access & Engagement

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Speakers



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WHY WE HAD TO RETHINK CHARITY CARE

Charity Care Was No Longer Sustainable at the Pace It Was Growing

The challenge wasn't that we wanted to provide less care—
it was that the existing model was becoming **financially unsustainable.**

~$1M
PER DAY
in charity care costs

2X+
GROWTH
in charity care costs since 2022

RISING UNINSURED
population and coverage disruption

INCREASING FINANCIAL PRESSURE
on MetroHealth and the safety-net mission

DECLINING SUPPORT
county funding not keeping pace with the growing cost of care



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THE JOURNEY: FROM CHARITY CARE TO HEALTH CARE ACCESS & ASSISTANCE

We shifted from "write off the cost" to "find the best coverage solution."

OLD MODEL



UNINSURED PATIENT → DETERMINE FINANCIAL ELIGIBILITY → CHARITY CARE / WRITE-OFF

TO THIS!

NEW MODEL



UNINSURED PATIENT → IDENTIFY ALL AVAILABLE COVERAGE → HELP PATIENT OBTAIN AVAILABLE COVERAGE → FINANCIAL ASSISTANCE WHEN COVERAGE ISN'T AVAILABLE → PRESERVE CHARITY CARE FOR THOSE WHO NEED IT MOST

Medicaid • Medicare
Marketplace • Employer

INSURANCE FIRST

Identify and pursue coverage when available.

PATIENT ENGAGEMENT

Make financial counseling and assistance part of the process.

EQUITY

Direct the greatest level of assistance toward patients with the greatest financial need.

SUSTAINABILITY

Protect MetroHealth's ability to remain Cleveland's safety-net provider for the long term.

The Guiding Principle

Charity care should be the safety net—
not the default payer.

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What we heard

The community asked us to protect what matters—
and to stay connected as coverage continues to change.

Mission remains non-negotiable

Care for everyone, regardless of their ability to pay.

Sustainability protects the lifeline

Preserve MetroHealth's ability to serve communities long term.

Access must remain open

Protect care for patients with the fewest resources.

Outreach must be proactive

Help people understand and connect to insurance and care.

Partners are ready—keep them involved

Continue engagement as federal, state and system policies evolve.

Stay mission-driven. Stay proactive. Stay connected.

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DESIGNED AROUND HOW PATIENTS ENGAGE

A multi-faceted, patient-centered approach

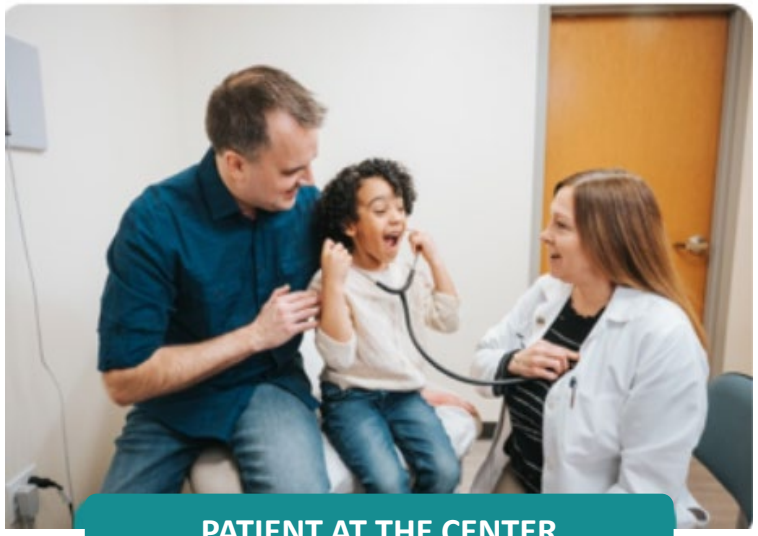
Make it easy to connect—wherever and however patients need us.

EASY PROCESS

216-MY-METRO, Option 5
Convenient document drop-off points

PATIENT OUTREACH

Texts • Calls • MyChart • AVS
Targeted mail • Social media
Website



PATIENT AT THE CENTER

ON-SITE PROMOTION

Flyers • Banners • Digital monitors
Internal communications plan

COMMUNICATIONS + COMMUNITY ENGAGEMENT

Total Care Connection events
Partnerships • Engagement toolkit
Media outreach

One coordinated strategy. Multiple ways to connect.

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Hi I’m Sarah...

- ✓ ***Multilingual Integration - 42+ Languages Supported***
- ✓ ***Multichannel Engagement - SMS/Text, Phone Calls, Reach***
- ✓ ***24/7 Availability + Limited Human-in-the-Loop Interaction***
- ✓ ***Multicoverage Screening***
- ✓ ***End-To-End Application Help***
- ✓ ***HR1 Compliant & Verified***

Sarah is a 24/7 AI-powered financial analyst and enrollment specialist working alongside hospital staff and coverage counselors to improve coverage, enrollment, and recurring HR1 filings across all major programs (Medicare, Medicaid, ACA marketplace, CHIP, Charity Care), all states, and all patient populations. Including the ones that get overlooked!



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Precision—not volume—created the impact

A coordinated, multi-channel strategy reached the right patients at the right time.

286,747 OUTBOUND DIALS

187,000 EMAILS

4,240 PARTNER CALLS

7,845 TEXTS

485,832 direct touches

PLUS 1,000+ flyers • 1,000+ form fills • 3 enrollment fairs

COORDINATION ACROSS
TEAMS
CHANNELS
WORKFLOWS

412
PATIENTS ENROLLED

The right patients—
not simply more patients

$2.5M
ESTIMATED FINANCIAL IMPACT

Volume created reach. Precision created value.

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What patients taught us, what we'd change, and what comes next

1 What patients taught us

Patients needed a manageable path

SIMPLE
The next step felt doable

CONSISTENT
Every channel reinforced the message

WELL-TIMED
The right patient at the right moment

ROUTED RIGHT
The right place the first time

Clear steps reduce friction and restarts.

2 What we'd change

Redesign the road ahead

OLD MODEL
A time-bound campaign inside existing workflows

ALIGN EARLIER
Ops, communications, technology and partners plan together

FEWER HANDOFFS
Less friction at phone routing, events and follow-up

AUTOMATE
An AI-driven model instead of a time-limited campaign

Plan • Coordinate • Sustain

3 What comes next

Grow an automated coverage model

YEAR-ROUND
Stay present beyond open enrollment

PREDICTIVE
Find risk before coverage is lost

COORDINATED
One pathway across teams and partners

AUTOMATED
Move documents and follow-up faster

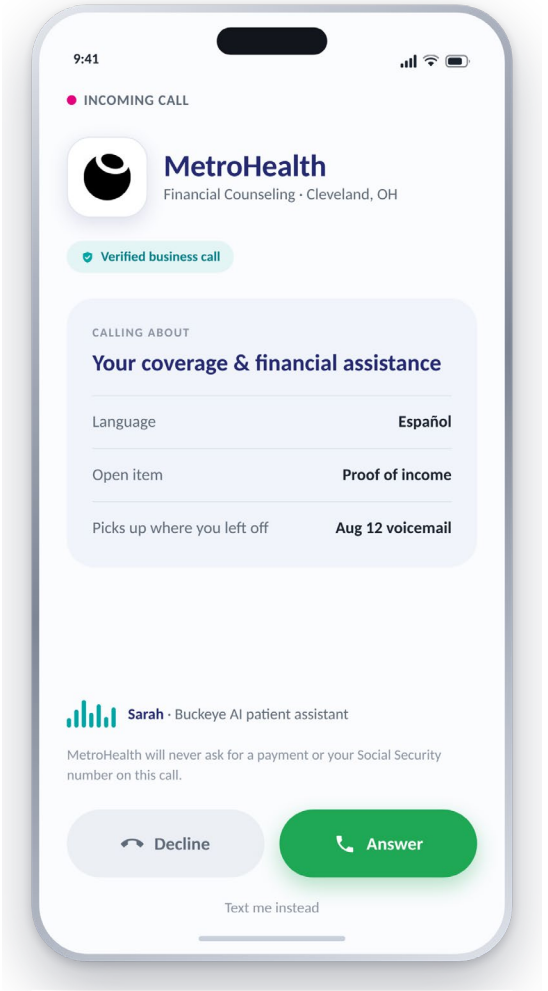
Rooted in shared ownership.

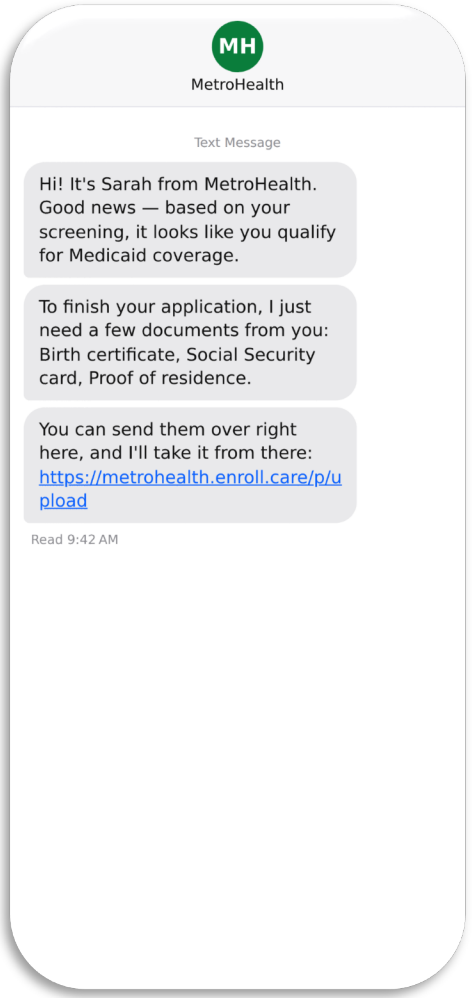
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Sarah 3.0

Sarah 2.0 proved patients engage. Sarah 3.0 keeps the conversation going.

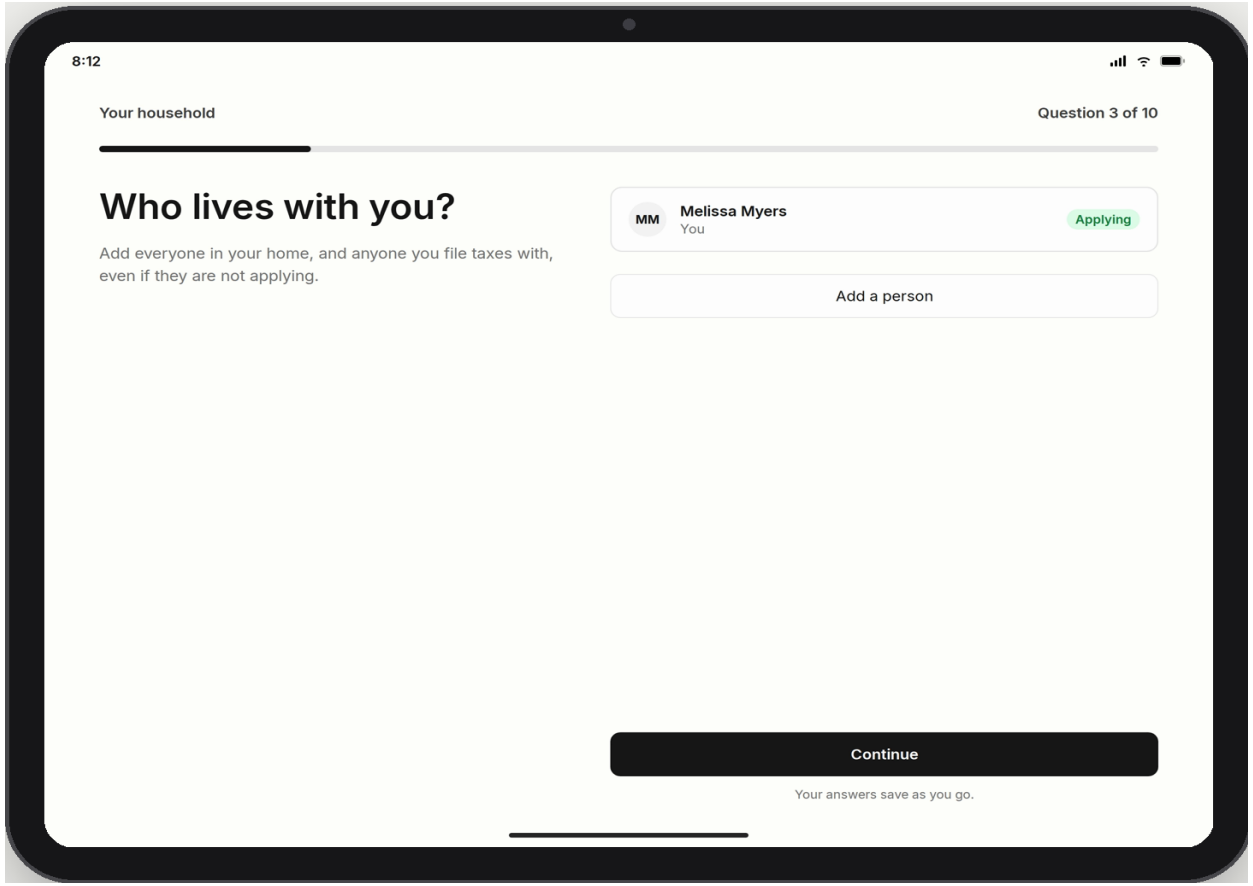
WHAT PRODUCTION SHOWED	WHAT SARAH 3.0 DOES NOW
Patients ignored an unknown caller	MetroHealth-branded caller ID and a clear first text
Voicemails drove calls into a human queue	Routine return calls route back through Sarah
Complex Cases couldn't be handled	Sarah now understand all edge cases and eligibility scenarios
Patients could be asked to restart	Call history and the open item move with the transfer

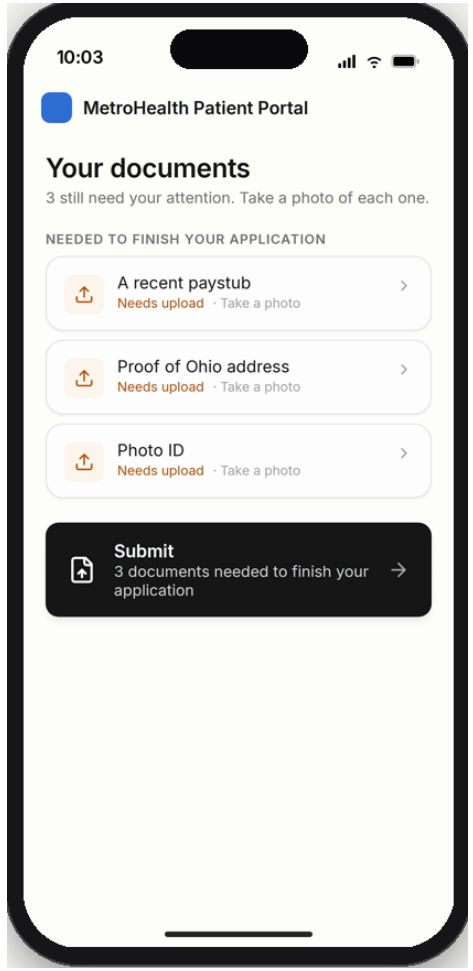




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Enroll Anywhere — At Home to the ED





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WHAT CHANGES JANUARY 1, 2027

HR1 Changes Puts Coverage on a Clock

80 hours

EACH MONTH OF WORK, SCHOOL, JOB TRAINING, OR COMMUNITY SERVICE

Every 6 months

RENEWALS INSTEAD OF EVERY 12 MONTHS

90 Day to 30 Day Lookback

Reimbursements on New Enrollees only look at 30 Days

WHAT THE RULE REQUIRES

Prove 80 hours a month of work, self-employment, school, job training, or community service—or at least $580 in monthly income

Show proof at application and at every renewal: pay stubs, an employer statement, a program letter, or class enrollment

Report an exemption to be excused—caregiving, disability, SUD treatment, pregnancy, SNAP/OWF, Medicare, and others

Miss it and the application is denied or benefits end, with no marketplace premium tax credit to fall back on

HOW SARAH 3.0 HELPS

Reaches affected patients early with branded calls and texts, remembers the patients preferences in callback time & language

Autonomously processes Work Requirements & NOAs

Tracks the six-month renewal clock and re-engages ahead of every renewal date

Handles on Demand Complex Eligibility Scenarios

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Continuous coverage with Sarah 3.0



1. Identify patients at risk - flag upcoming renewals, coverage changes, and missing documents before a lapse

2. Verify work requirements - check qualifying activities and exemptions

3. Collect documents and resolve gaps - request documents, follow up on open items, and route complex cases to a counselor

4. Complete enrollment or renewal - track the application to a decision and confirm the patient's coverage

5. Monitor and restart the cycle - watch notices and renewal dates to re-engage as risk changes, with patient history carried forward

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See Sarah's Day in the Life



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THE TAKEAWAY

One assistant, one continuous conversation—from first contact to covered care

1 Proactively Reach Patients

MetroHealth-branded calls and texts patients actually answer, in their own language.

2 Handles Inbound

Routine return calls continue inside Sarah instead of stacking up in a human queue.

3 Never Forgets who they are

Call history, language, and open items carry across every touch and every handoff.

4 Screens coverage end to end

Eligibility options, missing requirements, and the next step in one conversation.

5 Manages the new requirements

80-hour work requirements and six-month renewals tracked and worked on a clock.

6 Enroll Anywhere ED to At Home

Sarah can reach patients in the ED or make calls.

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Questions?

THANK YOU

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MetroHealth
Devoted to Hope, Health, and Humanity

ABOUT METROHEALTH

Founded in 1837, MetroHealth is leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork. Cuyahoga County's public, safety-net hospital system, MetroHealth meets people where they are, providing care through five hospitals, four emergency departments, and more than 20 health centers and 40 additional sites. Each day, our almost 9,000 employees focus on providing our community with equitable healthcare—through patient-focused research, access to care, and support services—that seeks to eradicate health disparities rooted in systematic barriers. **For more information, visit metrohealth.org**

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