

## MEMORIAL HERMANN HEALTH SYSTEM POLICY

**POLICY TITLE:** Financial Assistance Policy

**PUBLICATION DATE:** 12/19/2017

**VERSION:** 4

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### **POLICY PURPOSE:**

Memorial Hermann Health System (“MHHS”) operates Internal Revenue Code section 501(c)(3) hospitals that serve the health care needs of Harris, Montgomery, Fort Bend and surrounding counties. MHHS is committed to providing community benefits in the form of financial assistance to uninsured and underinsured individuals, without discrimination, who are in need of emergent or medically necessary services regardless of the patient’s ability to pay.

The purpose of this Financial Assistance Policy (“FAP”) is to provide a systematic method for identifying and providing financial assistance to those that MHHS serves within its community.

### **SCOPE:**

This FAP applies to all state-licensed hospital facilities operated by section 501(c)(3) MHHS hospitals, which includes:

Memorial Hermann Greater Heights Hospital  
Memorial Hermann Katy Hospital  
Memorial Hermann Memorial City Medical Center  
Memorial Hermann – Texas Medical Center

- Memorial Hermann Cypress Hospital
- Memorial Hermann Orthopedic and Spine Hospital

Memorial Hermann Northeast Hospital  
Memorial Hermann Rehabilitation Hospital Katy, L.L.C.  
Memorial Hermann Southeast Hospital

- Memorial Hermann Pearland Hospital

Memorial Hermann Southwest Hospital  
Memorial Hermann Sugar Land Hospital  
Memorial Hermann The Woodlands Medical Center  
TIRR Memorial Hermann

MHHS operates outpatient imaging centers, sports medicine and rehabilitation centers, and emergency centers as provider-based, outpatient departments of the above listed hospitals, and they are covered under this FAP.

MHHS also operates outpatient diagnostic labs which are covered under this FAP.

**POLICY STATEMENT:**

1. Consistent with MHHS values of compassion and stewardship, it is the policy of MHHS to provide Financial Assistance to patients in need. Furthermore, the purpose of this FAP is to provide the framework under which Financial Assistance will be granted to patients for emergency or medically necessary care provided by MHHS.
2. This FAP identifies the specific criteria and application process under which MHHS will extend Financial Assistance to individuals who are unable to pay fully for the services provided. Note that certain individuals are Presumptively Eligible to receive services at no cost (see Procedure Section 4).
3. This FAP applies to all emergency or medically necessary care provided by an MHHS hospital. This FAP is not binding upon providers of medical services outside of the hospital and does not apply to physician services. You can find a list of providers delivering emergency or other medically necessary care in the hospital facility whose services are covered as part of this FAP, and a list of providers whose services are not covered as part of this FAP on our web site at: <http://www.memorialhermann.org/financialassistanceprogram/>. Free paper copies are also available upon request in the emergency department and hospital registration areas. Free paper copies are also available by mail or by calling (713) 338-5502 or 1-800-526-2121, Option 5.
4. The FAP describes the criteria used by MHHS in calculating the amount of the Financial Assistance discount, if any, the measures MHHS will take to widely publicize this FAP within the community served by MHHS, the process used by MHHS to determine Financial Assistance eligibility, and the Financial Assistance application process. The actions MHHS may take in the event of nonpayment are described in a separate policy, the MHHS Billing and Collections Policy. This policy can be downloaded on the MHHS website at: <http://www.memorialhermann.org/financialassistanceprogram/>, or a free paper copy is available in the emergency department and hospital registration areas. Free paper copies are also available by mail or by calling (713) 338-5502 or 1-800-526-2121, Option 5.
5. To be eligible for Financial Assistance, patients must complete and submit a Financial Assistance application (for patients who are not Presumptively Eligible) along with any required supporting documentation. Financial Assistance applications are due no later than 240 days after the date of the first billing statement sent for the services for which you are requesting Financial Assistance. Exceptions may be granted as described in Procedure Section 9. Nothing in this FAP takes precedence

over federal, state or local laws or regulations currently in effect today or in effect in the future.

6. Any amount paid by the patient in excess of the amount due after the applicable financial assistance discount is applied will be refunded for all qualified episodes of care.
7. Final authority to determine whether MHHS has made reasonable efforts to determine FAP eligibility resides with MHHS Patient Business Services Office. This FAP is intended to benefit MHHS's community consistent with its values of compassion and stewardship. The existence of this FAP does not constitute an offer of Financial Assistance to any particular patient and creates no contractual rights or obligations. This FAP may be updated by MHHS in the future and approved by the Board of Directors or its designee in its sole discretion.
8. The policies and procedures stated herein are intended to comply with Texas state regulations and section 501(r) of the Internal Revenue Code and related guidance.

#### **TERMS & DEFINITIONS:**

1. *Application*: Means an application for Financial Assistance to be completed by a patient.
2. *Application Period*: During the Application Period, MHHS will accept and process an application for Financial Assistance. The Application Period begins on the date the care is provided to the individual and ends on the 240<sup>th</sup> day after the date of the first billing statement for the care.
3. *Amounts Generally Billed (AGB)*: Patients who qualify for Financial Assistance will not be charged more for emergency or medical necessary care than the amounts generally billed (AGB) to patients who have insurance.
  - a. MHHS's AGB percentage is calculated using the "look-back" method, which is the total of Medicare fee-for-service payment allowed divided by the total gross charges for those claims for the prior 12-month period. Discounts provided to patients who qualify for Financial Assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.
  - b. AGB percentages can be found in Exhibit A - Amounts Generally Billed Calculation of the FAP.
  - c. Revised AGB percentages will be calculated annually and applied by the 120th day after the start of the calendar year.

4. *Annual Gross Family Income*: The sum of a Family's annual earnings and cash benefits from all sources before taxes, less payments made for child support, reportable to the United States Internal Revenue Service. Family income includes, but is not limited to, earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, alimony, child support, and other sources.
5. *Elective Services*: Services to treat a condition that does not require immediate attention. Elective services include procedures that are advantageous to the patient, but not urgent and include medically necessary services and non-medically necessary services, such as cosmetic and dental surgery performed solely to improve appearance or other elective procedures not typically covered by health insurance plans. Elective services that are not medically necessary will not be considered for Financial Assistance.
6. *Emergency services*: Services provided to a patient for a medical condition with acute symptoms of sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the individual (or with respect to a pregnant woman, the woman or her unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
7. *Extraordinary Collection Actions (ECAs)*: These are collection actions requiring a legal or judicial process, and can also involve other activities such as selling debt to another party or reporting adverse information to credit agencies or bureaus. MHHS does not engage in ECAs, nor does it permit its collections vendors to engage in ECAs. Further information on MHHS's collection policies can be found in MHHS's separate MHHS Billing and Collections Policy; free copies of this policy are available online at: <http://www.memorialhermann.org/financialassistanceprogram/> or free paper copies are available upon request in the emergency department and hospital registration areas or by calling (713) 338-5502 or 1-800-526-2121, Option 5.
8. *Family*: The patient, the patient's spouse/civil union partner, the patient's parents or guardians (in the case of a minor patient), and any dependents claimed on the patient's or parent's income tax return, and living in the patient's or his or her parents' or guardians' household.
9. *Federal Poverty Level ("FPL")*: Level of income at which an individual is deemed to be at the threshold of poverty. This income level varies by the size of the family unit. The poverty level is updated annually by the United States Department of Health and Human Services and published in the Federal Register. For purposes of this FAP, the poverty level indicated in these published guidelines represents gross income. The FPL used for purposes of this FAP will be updated annually.

- a. Current FPLs can be found in Exhibit B - Federal Poverty Guidelines of the FAP.
10. *Financial Assistance*: Financial Assistance means assistance offered by MHHS to patients who meet certain financial and other eligibility criteria as defined in the FAP to help them obtain the financial resources necessary to pay for medically necessary or emergent health care services provided by MHHS in a hospital setting. Eligible patients may include uninsured patients, low income patients, and those patients who have partial coverage but who are unable to pay some or all of the remainder of their medical bills.
  11. *Medically Necessary Services*: Services or supplies that are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of good medical practice in the local area, are covered by and considered medically necessary by the Medicare and Medicaid programs, and are not mainly for the convenience of the patient or physician. Medically necessary services do not include cosmetic surgery or non-medical services, such as social, educational or vocational services.
  12. *Plain Language Summary ("PLS")*: A plain language summary of MHHS's FAP includes: (a) a brief description of the eligibility requirements and assistance offered; (b) a listing of the website and physical locations where Financial Assistance applications may be obtained; (c) instructions on how to obtain a free paper copy of the FAP; (5) contact information for assistance with the application process; (6) availability of language translations of the FAP and related documents; and (7) a statement confirming that patients who are determined to be eligible for Financial Assistance will be charged no more than amounts generally billed for emergency or medically necessary services.
  13. *Presumptive Eligibility or Presumptively Eligible*: A Financial Assistance eligibility determination made by reference to specific criteria which have been deemed to demonstrate financial need on the part of an uninsured patient without completion of a Financial Assistance application.
  14. *Reasonable Efforts*: MHHS will make reasonable efforts to provide notification to the patient about MHHS's FAP by offering the Plain Language Summary of the FAP to the patient prior to discharge from the hospital. In addition, MHHS will take the following steps to inform patients about the MHHS FAP:
    - a. *Incomplete Applications*: If the patient and/or Family submit an incomplete application, the MHHS will provide a written notification that describes what additional information or documentation is needed.
    - b. *Completed Applications*: If the patient and/or patient's Family member submits a complete Financial Assistance application, MHHS will provide

written notification that documents a determination on whether a patient is eligible for Financial Assistance in a timely matter and notifies the patient in writing of the determination (including, if applicable, the assistance for which the patient is eligible) and the basis for this determination. This notification will also include the Financial Assistance percentage amount (for approved applications) or reason(s) for denial, and expected payment from the patient and/or Family where applicable. The patient and/or Family will continue to receive statements during the evaluation of a completed application.

- c. *Patient Statements*: MHHS will send a series of statements describing the patient's account and amount due. Patient statements will include a request that the patient is responsible to inform MHHS of any available health insurance coverage, a notice of the MHHS FAP, a telephone number to request Financial Assistance, and the website address where FAP documents can be obtained.
  - d. *MHHS Website*: MHHS websites will post notice in a prominent place that Financial Assistance is available, with an explanation of the Financial Assistance application process. MHHS will post this FAP with a list of providers who are covered and not covered under the FAP, plain language summary, Financial Assistance application, and Billing and Collections Policy on the MHHS website: <http://www.memorialhermann.org/financialassistanceprogram/>. MHHS will have free paper copies of these documents available upon request in the emergency department and registration areas.
15. *Underinsured Patient*: A patient who is covered in whole or in part under a policy of insurance who as a result of receiving emergent or medically necessary care has out-of-pocket expenses that exceed their ability to pay the remaining balance for care received.
16. *Uninsured Patient*: A patient who is not covered in whole or in part under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program (including, without limitation, private insurance, Medicare, or Medicaid, or Crime Victims Assistance) and whose injury is not compensable for purposes of workers' compensation, automobile insurance, or liability or other third party insurance, as determined by MHHS based on documents and information provided by the patient or obtained from other sources, for the payment of health care services provided by MHHS.

**REVIEW CRITERIA:**

1. *Communication:* To make our patients, families, and the broader community aware of the availability of Financial Assistance, MHHS will take a number of steps to notify patients and visitors to its hospitals of the availability of Financial Assistance, and to widely publicize this FAP to members of the broader community served at each hospital. These measures include:
  - a. *Patient Consent:* The health care consent that is signed upon registration for healthcare services includes a statement that if charity services are required, eligibility determination should be requested upon admission to the hospital or upon receipt of itemized bill or statement.
  - b. *Financial Counseling:* MHHS patients are encouraged to seek information from their hospital's financial counselor if they anticipate difficulty paying their portion of the hospital bill. Our financial counselors will make every effort to assist patients who are uninsured, underinsured, or face other financial challenges associated with paying for the health care services we provide. Financial counselors may screen patients for eligibility for a variety of government funded programs, assist with a worker's compensation or liability claim, set up an extended time payment plan, or help patients apply for Financial Assistance.
  - c. *Plain Language Summary and Application:* A paper copy of the plain language summary of MHHS's FAP and a paper copy of the Financial Assistance application will be made available to all patients at the earliest practical time of service. MHHS will have free paper copies of these documents available upon request in the emergency department and registration areas. Free paper copies are also available by mail or by calling 713-338-5502 or 1-800-526-2121, Option 5.
  - d. *Translated Copies Available:* MHHS translates its FAP, Plain Language Summary, Financial Assistance application, and Billing and Collections Policy for limited English proficient individuals representing the lesser of five percent (5%) or 1,000 individuals of the community served by its hospital facilities. MHHS will make free copies of these documents available on the MHHS website and upon request in the emergency department and hospital registration areas. Free paper copies are also available by mail by calling 713-338-5502 or 1-800-526-2121, Option 5.
  - e. *Signage:* All Financial Assistance signage will be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, MHHS emergency department and patient registration

areas. Signage will indicate that Financial Assistance is available and the phone number to reach a financial counselor for more information.

- f. *Website:* MHHS's websites will post notice in a prominent place that Financial Assistance is available, with an explanation of the Financial Assistance application process. MHHS will post its FAP with a list of providers who are covered and not covered under the FAP, Plain Language Summary, Financial Assistance application, and the Billing and Collections Policy on the MHHS website:  
<http://www.memorialhermann.org/financialassistanceprogram/>
- g. *Patient bills and statements:* Patient statements will include a request that the patient is responsible to inform MHHS of any available health insurance coverage; and will include a notice of the MHHS FAP, a telephone number to request Financial Assistance, and the website address where Financial Assistance documents can be obtained.
- h. *Mail or fax:* Patients may mail or fax a written request for free copies of these documents to the address below and including the individual's full name and return mailing address to which they want MHHS to send the copies.

Memorial Hermann Health System  
Attn: Financial Assistance  
909 Frostwood  
Suite 3:100  
Houston, Texas 77024  
FAX: 713-338-6500

- 2. *Eligibility Determination:* Financial Assistance is determined in accordance with procedures that involve an individual assessment of financial need. Those procedures are described below:
  - a. A Presumptive Eligibility determination is completed according to the criteria described in Procedure Section 4 below. If a patient is Presumptively Eligible for Financial Assistance, a Financial Assistance application is not required. However, the patient or guarantor is expected to cooperate with the screening process and supply personal or financial information and documentation relevant to making a determination of Presumptive Eligibility;
  - b. A Financial Assistance application process, in which the patient or guarantor is expected to cooperate and supply personal or financial information and documentation relevant to making a determination of financial need;

- c. MHHS will make reasonable efforts to determine whether an individual is FAP-eligible to include providing notification to the patient about MHHS's FAP in a Plain Language Summary prior to discharge from the hospital. In addition, MHHS will take the following steps to inform patients about MHHS's FAP:
- i. *Incomplete Applications*: If the patient and/or Family submit an incomplete application, MHHS will provide a written notification that describes what additional information or documentation is needed within forty-five (45) days of receipt of initial application.
  - ii. *Patient Statements*: Patient statements will include a statement that the patient is responsible to inform MHHS of any available health insurance coverage and will include a notice of MHHS's FAP, a telephone number to request Financial Assistance, and the website address where FAP documents can be obtained.
  - iii. *MHHS Website*: MHHS's websites will post notice in a prominent place that Financial Assistance is available, with an explanation of the Financial Assistance application process. On the MHHS website:  
<http://www.memorialhermann.org/financialassistanceprogram/>, MHHS will post its FAP with a list of providers who are covered and not covered under the FAP, the Plain Language Summary, the Financial Assistance application, and its Billing and Collections Policy.
  - iv. *Documents Available upon Request*: MHHS will have free, paper copies of its FAP with a list of providers who are covered and not covered under the FAP, the Plain Language Summary, the Financial Assistance application, and its Billing and Collections Policy available upon request in the emergency department and registration areas.
- d. The use of external publicly available data sources that provide information on a patient or guarantor's ability to pay including credit scores through TransUnion or Experian;
- e. A review of the patient's outstanding accounts receivable for prior services rendered at MHHS and the patient's payment or bad debt history;
- f. The levels of Financial Assistance provided by MHHS are based on income, Family size, and FPL. Both uninsured and insured patients can apply for Financial Assistance; and
- g. The patient's eligibility for Financial Assistance will be based on the criteria below and may vary based on the financial status of the patient, extenuating financial circumstances and the availability of third party

health care benefits. Eligibility guidelines will be revised annually after the FPL guidelines are published by the federal government. Families with incomes exceeding the guidelines stated below can be screened for payment plan consideration.

3. *Patient Financial Assistance Eligibility*: Based on the FPLs, the following criteria shall be used to determine the discounts offered to Uninsured and Underinsured Patients qualifying for Financial Assistance. Underinsured Patients must have their insurance billed before qualifying for charity. Discounts provided to patients who qualify for Financial Assistance will be reviewed against the AGB percentage limits to ensure patients are not charged more than AGB.

**a. Free Care:**

- i. If an uninsured patient's Annual Gross Family Income is equal to or less than two hundred percent (200%) of the current Federal Poverty Guidelines, as set forth in the Gross Income Financial Assistance Eligibility Table (Exhibit A - Amounts Generally Billed Calculation), the patient (or other responsible party) will be entitled to free care (100% discount) and will not owe any portion of the account balance.
- ii. Patients who have primary health coverage through Medicare and are qualified for secondary coverage through Medicaid will receive a one hundred percent (100%) discount on any balance remaining after billing Medicaid and receiving an adjudicated claim from THMP or Managed Medicaid payer.

**b. Discounted Care:**

- i. Patients/individuals whose Annual Gross Family Income exceeds two hundred percent (200%) but not more than four hundred percent (400%) of the current Federal Poverty Guidelines may be eligible for a discount of charges to the amount generally billed (AGB) to insured patients.
- ii. Patients who have an outstanding account balance owed on their hospital bills may be eligible for a discount if all of the following criteria are met: 1) balance exceeds ten percent (10%) of the person's Annual Gross Family Income; 2) they are unable to pay all or a portion of the remaining bill balance; and 3) the bill balance is at least \$5,000. Under these circumstances, the patient or guarantor is expected to cooperate with the FAP process and supply personal or financial information and documentation relevant to making a determination of eligibility. If approved, the patient will be responsible for paying no more than ten percent (10%) of their

Annual Gross Family Income towards the remaining outstanding account balances or AGB discount will be applied, whichever is less and most beneficial for the patient's financial situation.

4. *Presumptive Eligibility*: Uninsured patients may be determined eligible for Financial Assistance based on the presence of one of the criteria listed below. After at least one criterion has been demonstrated, no other proof of income will be requested. The list below is representative of circumstances in which a patient's Family income is less than two times the FPL and the patient is eligible for a one hundred percent (100%) reduction of medically necessary charges. Presumptive Eligibility screening for an uninsured patient should be completed as soon as possible after receipt of medically necessary services and prior to the issuance of any bill for those services. When notified of a possible Presumptive Eligibility status, MHHS will hold any Patient Statement for thirty (30) days during the completion of the Presumptive Eligibility review process. Patients with third-party insurance (other than state or local assistance programs such as Medicaid) will not be considered for Presumptive Eligibility and will be required to submit an application for financial assistance.
  - a. Uninsured patients meeting the following criteria will be considered Presumptively Eligible for a one hundred percent (100%) reduction of emergent or medically necessary charges:
    - i. Homeless or received care from a homeless clinic;
    - ii. Participation in Women, Infants and Children programs (WIC);
    - iii. Food stamp eligibility;
    - iv. Supplemental Nutrition Assistance Program (SNAP);
    - v. Eligibility for other state or local assistance programs (e.g., Medicaid spend-down);
    - vi. Low income/subsidized housing is provided as a valid address;
    - vii. Receipt of grant assistance for medical services;
    - viii. Mental incapacitation with no one to act on patient's behalf;
    - ix. Recent personal bankruptcy;
    - x. Incarceration in a penal institution;
    - xi. Patient is deceased with no known estate; or
    - xii. As determined by an electronic scoring model (described below).
  - b. **Electronic Scoring Model**: When an Uninsured Patient or guarantor does not complete the FAP application or does not provide the required financial documentation necessary to determine eligibility, the account may be screened using an electronic scoring model (ESM) that derives scores based on the criteria to include financial class, previous charity adjustment, employment, zip code, age, payment history, previous bad debt, account balance, and admit source. If the ESM score indicates a

high probability the account would qualify for the FAP, the uninsured account will be presumptively awarded a FAP discount in accordance with this FAP.

5. *Eligibility Timeline:*

- a. For uninsured patients, Financial Assistance and Presumptive Eligibility determinations will be effective retrospectively for all open self-pay balances and the current episode of care. Patients eligibility will be determined based on the factors outlined in Procedure Section 3 and will not be disadvantaged for making prompt or timely payments. In addition, for patient that complete a Financial Assistance Application will be granted additional financial assistance prospectively for six months without further action needed by the patient. The patient shall communicate to MHHS any material change in the patient's financial situation that occurs during the six (6) month period that may affect the Financial Assistance eligibility determination within thirty (30) days of the change. A patient's failure to disclose a material improvement in Family income may void any provision of Financial Assistance by MHHS after the material improvement occurs.

6. *Emergent or Medically Necessary Services:* Financial assistance is limited to emergent or medically necessary services rendered in a hospital setting. Nothing in this section is intended to change MHHS's obligations or practices pursuant to federal or state law respecting the treatment of emergency medical conditions without regard to the patient's ability to pay.

7. *Application Process*

- a. *How to Apply:* A Financial Assistance application should be completed and submitted, along with supporting documentation. Free copies of the application are available for download on MHHS's website at: <http://www.memorialhermann.org/financialassistanceprogram>. Free paper copies are also available in the emergency department and in hospital registration areas. Free paper copies are also available by mail or by calling 713-338-5502 or 1-800-526-2121, Option 5.
- b. Applicants may send the completed application and supporting documents to the hospital's financial counselor or mail them to the address listed below. Patients can locate a hospital financial counselor by visiting the information desk and requesting to speak with a financial counselor. For questions about the application process, assistance filling out the application, or to check the status of an application submitted, the hospitals' financial counselors are available to assist in person at the hospital or you can call 713-338-5502 or 1-800-526-2121, Option 5.

- c. Where to send completed applications:

Memorial Hermann Health System  
Attn: Financial Assistance  
909 Frostwood  
Suite 3:100  
Houston, Texas 77024

-OR-

FAX: 713-338-6500

- d. Requests for consideration for Financial Assistance or Presumptive Eligibility may be initiated by any of the following individuals within the Application Period: (i) the patient or guarantor; (ii) a representative of the patient or guarantor; (iii) an MHHS representative on behalf of the patient/application; or (iv) the patient's attending physician.
- e. Notwithstanding considerations outlined elsewhere in this FAP, it is the responsibility of the patient to cooperate with and fully participate in the Financial Assistance application process. This includes providing information about any available third party health coverage; providing in a timely and forthright manner all documentation and certifications needed to apply for funding through government or other programs (e.g., Medicare, Medicaid, third party liability, Crime Victims funding, etc.) or to determine the patient's eligibility for other Financial Assistance. Failure to do so may adversely affect consideration of the patient's Financial Assistance application. Patients are asked to provide the information, certification and documents within thirty (30) days of MHHS's request unless compelling circumstances are brought to MHHS's attention. Except in cases of Presumptive Eligibility, the application for Financial Assistance must be completed and signed by the patient (or guarantor/representative).
- f. A financial counselor can assist the applicant in the process of applying for Financial Assistance. If the patient is deceased and a responsible party is not identified, an MHHS representative may generate the request and complete the application using available information and documents.

8. *Family Income:*

- a. The patient may provide one or more of the following documents to establish Family income, if such documents are available. If there is more than one employed person in the patient's Family, each person must submit one or more of the documents below:

- i. Most recently filed federal income tax return;
  - ii. Most recent W-2 and 1099 forms;
  - iii. Most recent pay stub (or, if applies, copy of unemployment statement, social security letter, etc.);
  - iv. A statement from employer if paid in cash; or
  - v. Any other verification from a third party regarding Family income.
- b. An application for Financial Assistance will not be deemed incomplete based on failure to provide documentation, if the patient has provided at least one of the documents reflecting the income for each Family member (including the patient) listed above and has signed the certification, or in the case of a patient unable to provide such documents, who has signed the certification.
- c. Except in cases of Presumptive Eligibility, the applicant must sign the application certification. MHHS may rescind or modify a determination if later evidence demonstrates the applicant provided materially false information.

*Additional Documentation:* MHHS's FAP does not require documentation of assets or expenses. However Applicants may elect to provide additional documentation regarding assets, expenses, income, outstanding debts or other circumstances which would show financial hardship to support a request for Financial Assistance equal to or greater than the amounts to which they are otherwise eligible pursuant to this FAP.

9. *False or Misleading Information:* If it is determined that an applicant has intentionally provided materially false or misleading information regarding their ability to pay medical expenses, MHHS may deny the applicant's current or future applications. In the case of false information provided in the absence of bad faith, MHHS will base its determination upon the corrected information. If Financial Assistance has already been granted based on the patient's intentional provision of materially false information, MHHS may void the prior grant of Financial Assistance, in which case MHHS retains all legal rights to seek payment from the patient of any amounts which may be due. If the provision of materially false information was unintentional, MHHS will revise the determination based upon the corrected information.

**CROSS-REFERENCES:**

Patient Transfer Policy (EMTALA and Texas Transfer Act Compliance)  
Financial Assistance Plain Language Summary  
Financial Assistance Application  
Billing and Collections Policy

**EXHIBITS:**

Exhibit A - Amounts Generally Billed Calculation

Exhibit B - Federal Poverty Guidelines

*Continued next page.*

### **Exhibit A - Amounts Generally Billed Calculation**

Amounts Generally Billed is based on the billing and coding process MHHS uses for Medicare fee for-service for emergency or medically necessary services. Total allowed payment from Medicare will be divided by total billed charges for such claims, and that number will be subtracted from 1 to calculate the AGB percentage.

**AGB % for IP (Inpatient) = Medicare IP Allowed Payment / Medicare IP Total Charges**  
**AGB % for OP (Outpatient) = Medicare OP Allowed Payments / Medicare OP Total Charges**

On an annual basis, the AGB is calculated separately for each hospital, but all MHHS hospitals will adopt the lowest AGB percentage from among all the hospitals.

<b>Facility</b>	<b>Inpatient</b>	<b>Outpatient</b>
Memorial Hermann Greater Heights Hospital	33%	13%
Memorial Hermann – Texas Medical Center	30%	21%
Memorial Hermann Katy Hospital	31%	11%
Memorial Hermann Rehabilitation Hospital – Katy	46%	17%
Memorial Hermann Memorial City Medical Center	30%	13%
Memorial Hermann Northeast Hospital	33%	13%
Memorial Hermann Southeast Hospital	34%	12%
Memorial Hermann Southwest Hospital	30%	13%
Memorial Hermann Sugar Land Hospital	31%	12%
Memorial Hermann The Woodlands Medical Center	32%	11%
TIRR Memorial Hermann	31%	22%

The Fiscal Year 2020 (July 2019 – June 2020) AGB Amounts are as follows:

**Amounts Generally Billed OP: 11%**  
**Amounts Generally Billed IP: 30%**

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### **Exhibit B – Federal Poverty Guidelines**

The Gross Monthly Income Financial Assistance Eligibility Table is revised when changes are made to the Federal Poverty Guidelines. The table is updated yearly.

The Gross Monthly Income Financial Assistance Eligibility Table means the current income table that MHHS uses in determining Financial Assistance eligibility under this FAP.

The Gross Monthly Family Income Financial Assistance Eligibility Table is based upon the Federal Poverty Guidelines and the Harris County Hospital District Eligibility Table, as amended from time to time by those respective governmental agencies and said table is available for review.

Please see table below:

<b>Memorial Hermann Health System</b>						
Gross Income Financial Assistance Eligibility Table						
2020 Federal Poverty Guidelines (FPG)						
Gross annual or monthly income to be eligible for financial assistance based on Family size.						
	100% of FPG		200% of FPG		400% FPG	
Family Size	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$12,760	\$1,063	\$25,520	\$2,127	\$51,040	\$4,253
2	\$17,240	\$1,437	\$34,480	\$2,873	\$68,960	\$5,747
3	\$21,720	\$1,810	\$43,440	\$3,620	\$86,880	\$7,240
4	\$26,200	\$2,183	\$52,400	\$4,367	\$104,800	\$8,733
5	\$30,680	\$2,557	\$61,360	\$5,113	\$122,720	\$10,227
6	\$35,160	\$2,930	\$70,320	\$5,860	\$140,640	\$11,720
7	\$39,640	\$3,303	\$79,280	\$6,607	\$158,560	\$13,213
8	\$44,120	\$3,677	\$88,240	\$7,353	\$176,480	\$14,707
<i>For Family units of more than 8 persons, add \$4,480 for each additional person to determine Federal Poverty Guideline.</i>						