

**MEMORIAL HERMANN HEALTH SYSTEM  
POLICY**

**POLICY TITLE:** Financial Assistance Policy ("FAP")

**PUBLICATION DATE:** 05/10/2016

**VERSION:** 3

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**POLICY PURPOSE:**

The purpose of this **Financial Assistance Policy ("FAP")** is to specify:

- Eligibility criteria for Financial Assistance in the form of free or discounted care;
- How to apply for Financial Assistance;
- How the Hospital calculates amounts charged to patients;
- How the FAP is widely publicized within the community served by the Hospital
- What actions the Hospital may take in the event of non-payment; and
- Compliance with applicable state and federal laws and regulations

**SCOPE:**

This policy applies to the not-for-profit Memorial Hermann Health System hospitals.

**POLICY OVERVIEW:**

Memorial Hermann Health System ("Memorial Hermann") operates not-for-profit Hospitals that serve the health care needs of Harris, Montgomery, Fort Bend and surrounding counties. The hospitals provide community benefits that include Financial Assistance in keeping with this policy.

1. A Community Health Needs Assessment ("CHNA") is conducted by Memorial Hermann's Hospitals at least once every three (3) years; each Hospital then adopts strategies to meet the community health needs identified through the CHNA.
2. To determine whether an individual is eligible for Financial Assistance, the individual must apply for Financial Assistance. This FAP describes how to apply as well as specifies the eligibility criteria that an individual must satisfy to receive Financial Assistance in the form of discounted or free care. The information and documentation required to be submitted as part of the FAP application is also set out in this FAP.

3. This FAP applies to all emergency and other medically necessary care provided by the Hospital for the diagnosis and treatment of illness or injury. This FAP does not apply to elective procedures. The Hospital will determine whether a service is eligible for Financial Assistance within the parameters of this policy.
4. Physician professional services are not covered by this FAP. Professional services provided by treating physicians, physician assistants or advanced practice clinicians in the Emergency Department and all other Hospital departments, as well as the professional services provided by Radiologists, Pathologists, and any and all treating Physicians are also not covered by this FAP.
5. If a patient has potential payment resources such as, but not limited to, third party settlement proceeds, the individual may not be eligible for Financial Assistance.
6. If an FAP applicant is or may be eligible for funds from local, state, or federal programs that cover some or all of the costs of health care services, the FAP applicant is expected to apply for such programs before a determination of eligibility is made under this FAP. The Hospital will provide assistance to individuals in applying for such programs.
7. The Hospital will not deny Financial Assistance under this FAP based on an applicant's failure to provide information or documentation that the Hospital does not specify in this FAP or in the FAP application form. The Hospital will notify the individual in writing of the decision on their eligibility under this FAP and the basis for the decision.
8. The actions the Hospital may take in the event of non-payment are described generally in this FAP. The Hospital will make reasonable efforts to determine whether an individual is eligible for assistance under this FAP before engaging in any extraordinary collection action (ECA). Following a determination of FAP eligibility, a FAP eligible individual will not be charged more for an emergency or other medically necessary care than the Amounts Generally Billed (AGB) to individuals who have insurance covering such care.

**I. HOW TO APPLY FOR FINANCIAL ASSISTANCE:**

Completing, signing and submitting an application for Financial Assistance as well as the required documentation set out in this policy is required in order to determine if an individual qualifies for Financial Assistance.

## **II. WHERE AND HOW TO OBTAIN AN APPLICATION:**

An application for Financial Assistance may be obtained as follows:

- From the Hospital's Admission/Registration Department
- Request an application by calling 713-338-5502 or 1-800-526-2121
- Request an application by mail at the following address:

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

- Download an application from the Memorial Hermann Health System website:

<http://www.memorialhermann.org/financialassistanceprogram/>

## **III. THE TIME PERIOD WITHIN WHICH TO APPLY FOR FINANCIAL ASSISTANCE:**

1. Application Period. An individual may apply for Financial Assistance from the date of service through the 240<sup>th</sup> day after the first billing statement is provided ("Application Period"). During the Application Period, the patient or any other individual responsible for the patient may apply for Financial Assistance under this FAP by filling out the application and submitting it back to the Hospital along with the required documentation.
2. During the Application Period the Hospital will accept and process all Applications submitted; and this is the case even if the Hospital is otherwise allowed to / has taken one or more of the Extraordinary Collection Actions ("ECA") described in this policy during the Application Period.
3. When an Application is received during this 240 day Application Period, all ECA will be suspended, pending the determination of the individual's eligibility for Financial Assistance; and if the individual is found to be eligible for Financial Assistance (as described herein), this Hospital will take steps to reverse ECA that have begun, even if the actions were permissible when taken.

**IV. WHERE TO RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION:**

The completed application and required documentation for Financial Assistance may be delivered to:

- The Hospital's Admission/Registration department ; or
- May be mailed to:

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

**V. HOW TO GET HELP COMPLETING OR SUBMITTING THE APPLICATION:**

This Hospital shall provide anyone with help in obtaining, completing or submitting the Application and anyone may obtain such help by contacting the address listed above or phone number listed below.

For questions regarding the application for Financial Assistance, please contact the Hospital's business office directly or call **713-338-5502** or **1-800-526-2121**.

**VI. NOTIFICATION THAT AN INDIVIDUAL HAS BEEN APPROVED FOR FINANCIAL ASSISTANCE:**

The Hospital will notify the individual in writing of the determination of eligibility under this FAP and the basis for the determination. If eligibility cannot be determined due to missing information or documentation, the individual will also be notified in writing.

**VII. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE:**

The amount of Financial Assistance an individual may be eligible for will depend on several factors. The following factors are considered in determining eligibility for Financial Assistance:

1. Whether the patient received medically necessary, non-elective medical care and treatment.

2. Annual gross family income of the patient or party responsible for the patient's bill.
3. Family size of the patient or party responsible for the patient's bill.
4. Employment status and earnings capacity.
5. Other financial resources that are potentially available to pay for the health care services provided, including, but not limited to, potential financial resources from a third party which may have caused the patient's injuries, or from insurance coverages such as Uninsured/Underinsured Motorist, Personal Injury Protection, Med-Pay, Workers Compensation, or from claims funds such as, but not limited to, Crime Victims Compensation Act funds, or from Estate or Probate proceedings.
6. Availability of health insurance.
7. The amount of hospital/medical bill.
8. The Federal Poverty Guidelines and definitions of "Family", "Income" and "Exclusion from Income" as outlined in such Guidelines.
9. Whether free and / or discounted care is available through government programs or at other designated hospital facilities.

**VIII. THE INFORMATION AND/OR DOCUMENTS REQUIRED TO BE SUBMITTED WITH THE COMPLETED APPLICATION:**

The following information and/or documentation needed in order to determine eligibility for Financial Assistance:

1. One of the following documents as proof of identity:
  - a. State-issued driver license
  - b. State-issued identification card
  - c. Student ID with picture
  - d. Employee identification badge with picture
  - e. Passport with picture
  - f. U.S. immigration documents with picture
  - g. Credit card with picture
  - h. Identification card issued by foreign consulate with picture

2. If a picture Identification is not available, one of the following documents may be used:
  - a. Birth certificate
  - b. Marriage license
  - c. U.S. naturalization, citizenship, or other federal document showing identity
  - d. Adoption records
  
3. One of the following documents as proof of income:
  - a. Last year's tax return statement
  - b. Last two paycheck stubs
  - c. Unemployment benefit confirmation slip with most recent unemployment check
  - d. Social Security check and/or current social security award letter showing amount of money being received
  - *For Medicare patients:* must also provide a copy of the most recent income tax return; if documentation not provided, patient may qualify for presumed Financial Assistance;
    - e. Letter from employer stating employee's name, occupation, hourly wage, number of hours hired to work
    - f. Letter of support, if applicable
  
4. Any health insurance and / or health coverage information, if any.

**IX. INCOME GUIDELINES USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE:**

**Free Care:**

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 on the Hospital's Gross Monthly Income Financial Assistance Eligibility Table, the patient (or other responsible party) will be entitled to free care and will not owe any portion of the account balance.

**Discounted Care:**

Patients/individuals whose Annual Gross Family Income exceeds two hundred percent (200%) of the current Federal Poverty Guidelines but does not exceed four hundred percent (400%) of the current Federal Poverty Guidelines, will be eligible for a discount, assuming they meet the other eligibility criteria set out in this FAP.

For those uninsured patients/individuals eligible for a discount, they will be responsible for paying no more than the hospital's current AGB of the remaining outstanding account balances owed on their hospital bills. The percentage the patient would be responsible for is less than the Amount Generally Billed (AGB). The AGB for Memorial Hermann and/or Hospital is calculated by taking the average reimbursement as a percentage of total claims allowed for the past year by all private health insurers that pay claims to the Hospital.

**Additional Discounts:**

Patients who have an outstanding account balance owed on their hospital bills that exceed twenty percent (20%) of the person's Annual Gross Family Income and they are unable to pay all or a portion of the remaining bill balance, and the bill balance is at least \$5,000, will be responsible for paying no more than twenty percent (20%) of their Gross Family Income towards the remaining outstanding account balances.

***\*The Gross Monthly Income Financial Assistance Eligibility Table is revised when changes are made to the Federal Poverty Guidelines. The Table is available at...***

[Federal Poverty Guidelines](#)

**X. PATIENTS COVERED BY MEDICARE OR WHO QUALIFY FOR MEDICAID OR OTHER PUBLIC ASSISTANCE PROGRAM:**

1. Patients who have primary health coverage through Medicare and are also qualified for Medicaid as secondary coverage or they have no health insurance coverage but are qualified, as determined by the Hospital by reason of their financial circumstances, for free or discounted care under some other public medical assistance program(s), will receive free care for the patient's portion remaining after crediting any and all payments made by the applicable government program (e.g., patient portions, including outpatient, and exhausted inpatient benefits).
2. The patient must have no potential third party tort claims which could be asserted against others who caused the patient's injuries to which the Hospital may be subrogated through an assignment signed by (or on behalf of) the patient or the filing of a hospital lien.
3. Examples of public medical assistance program(s) include, but are not limited to: the Texas Indigent Health Care and Treatment Act, the Harris County Hospital District assistance program, or some other state or county assistance program.

4. This policy provision does not, necessarily, include individuals who, at the time the care is provided by the Hospital, are under guard or are prisoners in custody of county, state or federal law enforcement authorities (i.e., County Sheriffs, County Jails, Texas Department of Corrections, Police Departments, Federal Prisons, etc.) who, because of their incarceration, are constitutionally or statutorily entitled to receive health care.

**XI. RIGHT TO REASSESS ELIGIBILITY CRITERIA AND ELIGIBILITY STATUS:**

1. The Hospital reserves the right to re-assess an individual's eligibility at a later date, in the event of changed circumstances and / or upon receipt of new or different information.
2. This Hospital's governing body (e.g., the Board of Directors of Memorial Hermann) may adjust the eligibility criteria for a patient (or other individual who is responsible for the patient's bill) and change the Financial Assistance available to such an individual, from time to time based upon: 1) the Community Health Needs Assessment (CHNA) conducted for this Hospital; and/or; 2) the financial resources of this Hospital; and/or; as necessary to comply with applicable laws and regulations.

**XII. IMPACT TO BILLING STATEMENT IF APPLICANT IS ELIGIBLE FOR FINANCIAL ASSISTANCE:**

1. The Hospital will provide the individual who made the Application and the patient an adjusted billing statement that:
  - Indicates the amount the individual owes as an FAP Eligible individual; and
  - Describes how the individual can get information regarding the Amount Generally Billed ("AGB") for the care and how the Hospital determined the amount the individual owes as a FAP Eligible individual.
2. The Hospital will also refund any payments which an FAP Eligible individual may have made to this Hospital and Memorial Hermann in excess of the amount the FAP Eligible individual is determined to owe; and take all reasonably available measures to reverse any Extraordinary Collection Activities ("ECA").



**XIII. MEASURES TAKEN TO WIDELY PUBLICIZE THE FINANCIAL ASSISTANCE POLICY (FAP) WITHIN THE COMMUNITY SERVED BY THE HOSPITAL:**

This FAP, the FAP Application Form, a Plain Language Summary of this FAP, and in some cases, translations of these documents into languages other than English, are made widely available and free of charge to the public in the following ways:

1. The FAP Application will be available to all self-pay patients before they are discharged from the Hospital; at the same time, those patients will be provided with a Plain Language Summary of this Financial Assistance Plan.
2. Posted for review and electronically available for printing or downloading from the Memorial Hermann website at [www.memorialhermann.org](http://www.memorialhermann.org).
3. At the Hospital's business office.
4. Available for request by calling **713-338-5502 or 1-800-526-2121**.
5. Mailing or faxing 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 the Hospital to send the copies.

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

6. To the extent available, translations of this Hospital's Financial Assistance Policy, the Financial Assistance Policy Application and a Plain Language Summary of the Hospital's Financial Assistance Policy, in some other languages besides English (e.g., Spanish); and, to the extent available in a particular language, the Hospital will provide free copies of same, to those asking for such translations. If an individual has questions about which languages these documents have been translated into, or if they would like to receive free copies of these documents translated into another language, they may contact:

**Memorial Hermann Health System  
909 Frostwood**

**Suite 3:100  
Houston, Texas 77024  
Attn: Financial Assistance  
713-338-5502 or 1-800-526-2121  
FAX: 713-338-6500**

**XIV. “REASONABLE EFFORTS” TAKEN TO DETERMINE FAP ELIGIBILITY:**

This Hospital and Memorial Hermann will have made “reasonable efforts” to determine whether the individual is FAP-eligible, and may engage in ECA, when the Hospital and/or Memorial Hermann have:

1. Notified the individual about this FAP between the date care is provided to the individual and the 120<sup>th</sup> day *after* this Hospital provides the individual with the first billing statement for the care (the “Notification Period”);
2. In the case of an individual who submits an incomplete FAP Application, providing the individual with a written notice describing the additional information / documentation needed to complete the Application, which includes a Plain Language Summary of this Financial Assistance Policy information relevant to completing the FAP application; and
3. In the case of an individual who submits a complete FAP Application, documenting a determination as to whether the individual is FAP-eligible and otherwise meets the requirements of the Treasury Regulations.

**XV. NON-DISCRIMINATION:**

1. Care will be provided to all patients who present themselves for care at this Hospital without regard to race, creed, color, national origin, or other characteristic covered by law, including immigration status.
2. This Hospital will not discriminate in providing emergency medical treatment or other medically necessary care, or deny service to those eligible for either Financial Assistance under this FAP or for Government assistance.
3. This Hospital will provide Financial Assistance in the form of free or discounted emergency and other medically necessary care, to individuals without financial means to pay for care for emergency medical conditions, within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**XVI. COMMUNITY HEALTH NEEDS ASSESSMENTS:**

Memorial Hermann Health System operates not-for-profit hospitals that serve the health care needs of Harris, Montgomery, Fort Bend and surrounding counties. A Community Health Needs Assessment (“CHNA”) as described in Internal Revenue Code Section 501 (r) (3), will be conducted by each Memorial Hermann Health System hospital at least once every three (3) years; and this Hospital will then adopt strategies to meet the community health needs identified through each CHNA.

The CHNA is available to the public on Memorial Hermann’s Community Benefit Corporation website: <http://communitybenefit.memorialhermann.org/about-us>.

**XVII. IMPACT OF OTHER POTENTIAL FUNDS OR PAYMENT RESOURCES ON AN APPLICATION FOR FINANCIAL ASSISTANCE:**

1. If an FAP Applicant is or may be eligible for funds from local, state, or federal programs that cover some or all of the costs of health care services, the FAP applicant is expected to apply for such programs before a determination of eligibility is made under this FAP. The Hospital will provide assistance to individuals in applying for such programs.
  - If a patient refuses to apply for, or follow through with an application for Medicaid and that patient is likely to be eligible for such assistance, the patient’s Financial Assistance Application will be denied.
2. If a patient has potential payment resources, such as, but not limited to, third party settlement proceeds, which could be used to pay for the health care services provided, the individual may not be eligible for Financial Assistance under the Hospital’s FAP. This Hospital and Memorial Hermann reserve the right to file hospital liens, assert assigned tort and contract claims, intervene in third party lawsuits, and recover such available funds to pay for the health care services that were provided.

Patients who apply for Financial Assistance will be encouraged to seek coverage through the Health Insurance Exchange (HIX) to help provide coverage for future visits.

**XVIII. HOW THE HOSPITAL CALCULATES AMOUNTS CHARGED TO PATIENTS:**

1. 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 on the Hospital's Income Eligibility Table, the patient (or other responsible party) will not owe any portion of the account balance.

2. If an uninsured patient's Annual Gross Family Income exceeds two hundred percent (200%) of the current Federal Poverty Guidelines but does not exceed four hundred percent (400%) of the current Federal Poverty Guidelines, the patient (or other responsible party) will be responsible for paying a percentage no more than the facilities current AGB of the remaining outstanding account balances owed on their hospital bills.

The percentage referenced above will be less than the Amount Generally Billed by Memorial Hermann and/or Hospital. The AGB is determined by taking claims allowed by Medicare and all private health insurers that pay claims to the hospital for the past year and calculating the average reimbursement as a percentage of total charges.

3. Medically Indigent individuals that are eligible for Financial Assistance and have outstanding account balances owed on their hospital bills (i.e., after crediting all health insurance payments, if any) which exceed twenty percent (20%) of their Annual Gross Family Income and who are unable to pay all or a portion of that remaining bill balance, and the balance is at least \$5,000, will be responsible for paying no more than twenty percent (20%) of their gross family income towards the remaining outstanding account balances.
4. FAP eligible individuals will not be expected to be charged gross charges for any care that is covered by this policy. However:
  - (i) This Hospital is not prohibited from including the amount of gross charges on a hospital bill to those who are eligible for Financial Assistance under this FAP as an explanatory item or a starting point to which various contractual allowances, discounts, or deductions may be applied, because the gross charges are **not** the actual amount a FAP-eligible individual is charged for **any** medical care covered by this policy and provided to that FAP-eligible individual; and
  - (ii) This Hospital may charge a FAP eligible individual more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care (i.e., "AGB") or gross charges for *any* care provided:

- a) At a time when the FAP-eligible individual has not submitted a complete FAP application and required documentation to the Hospital facility as of the time of the charge; and
- b) This Hospital has made, and continues to make, reasonable efforts to determine whether the individual is FAP-eligible, during the applicable time periods described in IRC § 1.501(r)-6(c) including by correcting the amount charged if the individual is subsequently found to be FAP-eligible.

**XIX. PROFESSIONAL AND OTHER SERVICES NOT COVERED BY THIS POLICY:**

Physician professional services are not covered by this FAP. Professional services provided by treating physicians, physician assistants or advanced practice clinicians in the Emergency Department and all other Hospital departments, including professional services provided by UT Physicians, Team Health, Radiologists, Pathologists, and any and all treating physicians, physician assistants or advanced practice clinicians are also not covered by this FAP.

Other services not covered include elective services, such as, but not limited to home health, Durable Medical Equipment (DME), Hospice, Rehabilitation, scheduled/non-emergent procedures and other non-emergent/urgent care. Exception to the non-covered services may be made by the individual hospital, on a case-by-case basis for continuum of care, within the parameters of this policy.

**XX. THE ACTIONS THE HOSPITAL MAY TAKE IN THE EVENT OF NON-PAYMENT:**

This Hospital and Memorial Hermann may engage in collection activities and actions leading up to, and including, Extraordinary Collections Actions ( "ECA") for a patient's (or other responsible individual's) failure to provide the information described in this FAP and / or for failing to pay the patient co-pays; provided however, that the Hospital and Memorial Hermann will not engage in ECA before the Hospital has made reasonable efforts to determine whether the individual is FAP eligible as described in Section XIV of this policy and Treasury Regulation 1.501(r).

The Patient Financial Services corporate office is responsible for and has final authority for determining that reasonable efforts have been made and that therefore ECA is allowable

## **XXI. TERMS AND DEFINITIONS USED IN ELIGIBILITY DETERMINATION:**

The following terms and definitions may be used throughout this policy and in determining eligibility under this FAP:

1. **“Annual Gross Family Income”** - refers to the household income of the patient (or party responsible for the patient’s bill) which may be determined by either reviewing the IRS form W-2 for the Applicant(s) or by adding up all amounts from answers to questions on the completed Application and multiplying that amount by 12.
2. **“Amounts Generally Billed” (AGB)** - FAP eligible individual will not be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care. The AGB is calculated by taking the average reimbursement as a percentage of total claims allowed for the past year by Medicare fee-for-service and all private health insurers that pay claims to the Hospital.
3. **“Medically Indigent”** - refers to individuals who this Hospital determines are unable to pay all or a portion of their remaining bill balance after payment, if any, by third party payors; or have outstanding account balances of at least \$5,000 owed on their Hospital bills, after crediting all health insurance payments, if any, and such account balance exceeds twenty percent (20%) of the person’s annual gross family income.
4. **“Financially Indigent”** - refers to individuals who this Hospital determines:
  - (i) Have no potential third party claims which could be asserted against others who / which caused the patient’s injuries to which the Hospital may be subrogated by reason of an assignment or the filing of a hospital lien; and
  - (ii) Have no health insurance or health coverage; and
  - (iii) Whose Annual Gross Family Income is not more than 200% of the current Federal Poverty Guidelines which is incorporated into this Hospital’s current Gross Monthly Income Financial Assistance Eligibility Table; OR
  - (iv) Have no health insurance or health coverage for the patient’s care and have annual gross family incomes exceeding two hundred percent (200%) of the current Federal Poverty Guidelines but not exceeding four hundred percent (400%) of the current Federal Poverty Guidelines.

5. **“Government Sponsored Indigent”** - refers to individuals who this Hospital and /or Memorial Hermann determines:

- (i) Have no potential third-party claims which could be asserted against others who / which caused the patient’s injuries to which the Hospital may be subrogated by reason of an assignment or the filing of a hospital lien; and
- (ii) Have either: primary health coverage through Medicare and are also qualified for Medicaid as secondary coverage;      OR
- (iii) No health insurance and no health coverage but are qualified, as determined by the Hospital by reason of their financial circumstances, for free or discounted care under some other public medical assistance program(s) (e.g., the Texas Indigent Health Care and Treatment Act, the Harris County Hospital District assistance program, or some other state or county assistance program); but this definition does not, necessarily, include individuals who, at the time the care is provided by the Hospital, are under guard or are prisoners in custody of county, state or federal law enforcement authorities (i.e., County Sheriffs, County Jails, Texas Department of Corrections, Police Departments, Federal Prisons, etc.) who, because of their incarceration, are constitutionally or statutorily entitled to receive health care.

6. **“Presumed Indigents”** - refers to patients who may have not, prior to or after the end of the Application Period submitted a completed written FAP Application or the required documentation, yet the Hospital or Memorial Hermann has determined that the patient none-the-less:

- (i) Has no potential third-party claims which could be asserted against others who / which caused the patient’s injuries to which the Hospital may be subrogated by reason of an assignment or the filing of a hospital lien; and
- (ii) Has no health insurance and no health coverage; and
- (iii) Whose Annual Gross Family Income is reasonably believed to be not more than 200% of the current Federal Poverty Guidelines and the Harris County Hospital District eligibility table, which are incorporated into this Hospital’s current Income Eligibility Table and

(iv) Who would be eligible for Financial Assistance under the Eligibility Criteria set forth in this FAP (i.e., “Financially Indigent” or “Medically Indigent”) had the person completed the FAP Application.

In determining Presumed Indigents under this Section 6, the Hospital may rely on information provided by third-party vendors, as well as credit reports and other publically available information.

7. **“Extraordinary Collection Action” (ECA)** - An Extraordinary Collection Action (ECA) may include any of the following actions taken in an effort to obtain payment on a bill for care:
- Report to credit agencies that a debt is owed by the individual;
  - Sell the debt for the hospital care and services to a third party;
  - Commence a civil action against an individual.

No Extraordinary Collection Action (ECA) will be taken *before* reasonable efforts have been made to determine eligibility for assistance under this FAP.

8. **“Gross Monthly Income Financial Assistance Eligibility Table”, “Gross Monthly Income Financial Assistance Eligibility Table” or the “Income Table”**– means the current income table that Memorial Hermann will use in determining Financial Assistance (formerly “charity”) eligibility under this Financial Assistance Policy; and is one of the basis for calculating the amount to be charged to patients, if any.

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 Income Table is available for review at:

[Federal Poverty Guidelines](#)

9. **“Emergency Medical Condition”** – means (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric conditions and evidence of drug or alcohol abuse) such that the absence of immediate medical attention could reasonably be expected to result in – (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions or (iii) serious dysfunction of any bodily organ or part; or (B) with respect to a pregnant woman who is having contractions – (i) that there is inadequate time to effect a safe transfer to another hospital before delivery or (ii) that transfer may pose a threat to the health or safety of the woman or unborn child.



10. **"Uninsured Patient"** – means and includes any individual who: (i) is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP and CHAMPUS), or Workers' Compensation insurer; (ii) owns no Medical Savings Accounts or other fund of available monies to pay for all or any part of his/her bill; (iii) owns no viable tort claims against third parties who / which may be liable or responsible to the patient for injuring the patient, which would otherwise allow Memorial Hermann to be subrogated to the patient's interest (i.e., through the filing of a hospital lien, or the assertion of the patient's rights by reason of an assignment), but only if payment is actually made by such insurance company and / or responsible third party.
  
11. **"Treasury Regulations"** – means the final regulations issued by the Department of the Treasury under section 501(r) of the Internal Revenue Code on December 28, 2014.