



PATIENT INFORMATION SHEET/ PLAIN LANGUAGE SUMMARY: BILLING AND FINANCIAL ASSISTANCE POLICY

Overview of MMC’s Financial Assistance Policy: Mercy Medical Center (MMC) provides and promotes health services for the people of Baltimore of every creed, race, economic, and social condition. In the spirit of its sponsor, the Sisters of Mercy, MMC has a special commitment to the underserved and the uninsured.

MMC provides emergency care to all patients without regard to their ability to pay for such services. MMC also accepts, within the limits of its financial resources, all patients who require non-emergency hospital services, without regard to their ability to pay for such services. These policies do not preclude MMC from reviewing:

- The patient’s ability to pay;
- The availability of insurance benefits; or
- The patient’s eligibility for Medical Assistance.

Consistent with MMC’s Financial Assistance Policy, patients with family income below approximately 400% above the federal poverty guidelines (issued each year by the U.S. Department of Health and Human Services) may be eligible for emergent and medically necessary hospital services at no charge or at a reduced charge based on a sliding scale of income (“Financial Assistance”). MMC’s Financial Assistance program is more generous than that required by Maryland law.

How the Financial Assistance Process Works: When you become a patient, MMC will provide information about its Financial Assistance Policy, and upon request, assist you with enrolling in publicly funded programs or applying for Financial Assistance. In order to qualify for Financial Assistance, a patient must be a Maryland resident and have family income at or below 400% of the Federal Poverty Level and cannot be eligible for Medicaid or other social service programs. The amount of Financial Assistance is generally determined using a sliding scale for income and taking into account other considerations, such as existing medical debt and assets. For additional details on eligibility requirements, please see MMC’s Financial Assistance Policy, available at: <https://mdmercy.com/about-mercy/policies-and-corporate-documents> under **Additional Mercy Documents**.

No individual who is eligible for Financial Assistance under MMC’s Financial Assistance Policy will be billed an amount for medically necessary or emergency medical care that is more than the amount generally billed to individuals who have insurance covering such care.

How to Apply for Financial Assistance: To obtain free copies of MMC’s Financial Assistance Policy, Application, or this Patient Information Sheet / Plain Language Summary:

- Visit <https://mdmercy.com/about-mercy/policies-and-corporate-documents> and download a copy.
- Log into your MyChart Account at <https://mychart.mdmercy.com/MyChart/inside.asp?mode=custsvc> and request a copy.
- Call Customer Service at 410-951-1700 and request a copy.
- Visit the MMC billing office, admissions office, business office, and emergency department.

- Submit a request by mail to:
 Mercy Health Services
 Attn: Patient Accounting
 16th FL, McAuley
 301 St Paul Place
 Baltimore, MD 21202

Language translations for the Financial Assistance Policy, Application, and Patient Information Sheet / Plain Language Summary are available at the locations listed above. MMC can also provide interpreter services upon request by calling Customer Service at 410-951-1700.

If you have any questions or need assistance completing your Application, please contact Financial Counseling at 410-332-9273. Completed Applications can be faxed to 410-951-1719 or mailed to the address above.

Patient’s Rights and Obligations: MMC encourages patients to seek information and assistance related to their financial obligations to MMC and their eligibility for Financial Assistance. Each patient’s circumstance is unique, but all patients have similar rights and obligations:

- Patients may request a Financial Assistance Application at any point in the billing and collection process.
- Patients may apply for Medical Assistance through MMC or directly with the Maryland Department of Health. MMC offers an on-site State case worker to assist.
- Patients should contact the MMC billing office with any questions related to their bill, collection activities or to request a copy of MMC’s Financial Assistance Policy.
- Patients are responsible for satisfying their financial obligations.
- Patients are responsible for providing timely, accurate information which is needed to verify insurance coverage or to determine eligibility for Financial Assistance, if they seek such assistance.
- Patients may request a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that are reasonably expected to be provided by MMC.

Additional Information and Resources: If you have any questions regarding an MMC bill, your financial obligations, or want more information about MMC’s Financial Assistance Policy or Application process, or Maryland’s Medical Assistance program, you are encouraged to use the following contact information:

- MMC Billing Inquiries / Statements: (410) 951-1700
- MMC Financial Assistance Application: (410) 332-9273
www.hsrc.state.md.us/consumers_uniform.cfm
- MMC Financial Counseling (410) 332-9273
- MMC / Maryland Medical Assistance (410) 332-9396 or 9273
- Maryland Medical Assistance (800) 332-6347 or TTY (800) 925-4434
www.dhr.state.md.us

Please Note: Fees for physician services provided at MMC are NOT included in the Hospital bill. Physician services are billed SEPARATELY. In addition to a fee for physician services, MMC is permitted to bill outpatients a facility fee for use of the hospital facilities, supplies, and equipment.

MERCY MEDICAL CENTER
POLICY AND PROCEDURE
PATIENT FINANCIAL SERVICES

FINANCIAL ASSISTANCE POLICY

POLICY #: 602-176-93

REVISED: 8/2020

Mercy Medical Center ("MMC") provides and promotes health services for the people of Maryland of every creed, race, economic, and social condition. In the spirit of the Sisters of Mercy who are its sponsors, MMC has a special commitment to the underserved and the uninsured.

Consistent with this mission, MMC provides, without discrimination, care for emergency medical conditions to patients regardless of their ability to pay and regardless of their eligibility for Financial Assistance under this Financial Assistance Policy.

**It is also MMC's policy to accept, within the limits of its financial resources, all patients who require non-emergency hospital care without regard to their ability to pay for such services.

** These policies, however, do not preclude MMC from reviewing a patient's ability to pay, the availability of insurance benefits, or the patient's eligibility for Medical Assistance.

Financial Assistance

MMC provides free and reduced-cost medically necessary care to patients based on factors such as income, Monetary Assets, Medical Debt, and other criteria specific to an individual patient's situation ("Financial Assistance"). The amount of Financial Assistance generally is determined using a sliding scale for income and taking into account other considerations.

In no event shall a patient receiving Financial Assistance be required to make a payment for the covered care in excess of the charges less MMC's mark-up, nor shall such a patient be billed charges (although bills may show itemized reductions to gross charges). In no event shall a patient receiving Financial Assistance be billed an amount for medically necessary care or emergency medical procedures that is more than the amount generally billed to individuals who have insurance covering such care. The charges to which a discount may apply under this policy are the Facility/Hospital Charges (defined below), which are set by Maryland's rate regulation agency, the Health Services Cost Review Commission. If a patient is eligible for Financial Assistance under more than one of paragraphs 1 through 5 below, MMC shall provide the Financial Assistance for which the patient qualifies that is most favorable to the patient.

Actions that MMC may take in the event of non-payment are described in a separate billing and collections policy. To obtain a free copy of this policy, please contact Customer Service at 410-951-1700.

Notification and Application Process

MMC will make patients aware of its Financial Assistance policy by posting notices in several areas of the hospital, including the billing office, admissions office, business office, and emergency department areas. The notice will inform patients of their right to apply for financial assistance and provide contact information for additional resources. MMC will also provide patients with a Financial Assistance Patient Information Sheet upon admission, when presenting the bill for services (which bills themselves reference the Patient Information Sheet), and upon request. Patients may also request a copy of this Financial Assistance Policy at any time during a collection process. Upon request, translations of the policy are available in several languages and interpreter services are also available by calling Customer Service at 410-951-1700.

MMC also makes available staff who are trained to work with patients, family, and authorized representatives to understand (1) bills; (2) rights and obligations with regard to the bill, (3) how to apply for Maryland Medical Assistance Program ("MMAP"), (4) information regarding the Financial Assistance Policy, and (5) how to contact MMC for additional assistance.

A patient may apply for Financial Assistance by completing and submitting the Maryland State Uniform Financial Assistance Application ("UFAA"). Free copies of the UFAA are attached to the FAP and can be printed; by calling Customer Service at 410-951-1700 or Financial Counseling at 410-332-9273 to request a copy by mail; or visiting the MMC billing office, admissions office, business office. For questions or assistance with completing the UFAA, please contact Financial Counseling at 410-332-9273.

Within two (2) business days following a patient's request for Financial Assistance, application for Medical Assistance, or both, MMC will make a determination of probable eligibility for Financial Assistance and communicate the determination to the patient or the patient's representative. In some instances, probable eligibility for Financial Assistance may be determined on the basis of a patient's circumstances, such as when a patient is a beneficiary of a means-tested social services program, as described under category 2 below. In other instances, MMC may request information from a patient or use information available from outside agencies as a basis for determining probable eligibility for Financial Assistance.

MMC uses the completed UFAA applications to make a final determination of eligibility under the requirements described below. Once a patient submits a completed UFAA and all required documentation, MMC will provide a final determination of eligibility within 14 calendar days. MMC will only require applicants to produce documents necessary to validate the information provided in the UFAA, and patients are responsible for cooperating with MMC's Financial Assistance application process.

A patient who disagrees with a determination by MMC that the patient is not entitled to Financial Assistance may contact MMC by telephone 410-951-1700, or log into your MyChart Account at <https://mychart.mdmercy.com/MyChart/inside.asp?mode=custsvc> and request MMC reconsider such denial. Patients determined to be eligible for Financial Assistance subsequent to the date of service may be eligible for a refund of payments made, depending on certain circumstances.

The Health Education and Advocacy Unit (“HEAU”) is available to assist a patient or patient’s representative with filing a reconsideration request by contacting: Address – Office of the Attorney General, HEAU, 200 Saint Paul Place, 16th Floor, Baltimore, Maryland 21202; Phone - (410)-528-8662; Fax - (410)-576-6571; Email – heau@oag.state.md.us; Website - <https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.

Eligibility & Benefits

Financial Assistance under this policy is available for Medically Necessary Care (defined below) provided by MMC. In order to qualify for Financial Assistance, a patient must be a Maryland resident who qualifies under at least one of the following conditions:

Statutory and Regulatory Required Categories

1. A patient with family income at or below 200% of the Federal Poverty Level ("FPL"), with less than \$10,000 in household Monetary Assets qualifies for full Financial Assistance in the form of free medically necessary care.
2. A patient who is not eligible for the Maryland Medical Assistance Program or Maryland Children’s Health Program and is a beneficiary/ recipient of a means-tested social services program, including but not necessarily limited to the following programs, is deemed eligible for Financial Assistance in the form of free medically necessary care, provided that the patient submits proof of enrollment within 30 days (30 additional days permitted upon request):
 - a. Households with children enrolled in the free or reduced-cost meal program;
 - b. Supplemental Nutritional Assistance Program ("SNAP");
 - c. Maryland’s Energy Assistance Program;
 - d. Special Supplemental Food Program for Women, Infants, and Children; or
 - e. Other means-tested social service programs as determined by the Maryland Department of Health and the Health Services Cost Review Commission.
3. A patient with family income at or below 400% of FPL, with less than \$10,000 in household Monetary Assets qualifies for partial Financial Assistance in the form of reduced-cost medically necessary care. The amount of financial assistance in this case is based on a sliding scale of income as shown on the next page and other factors.

FPL Sliding Scale

		<i>Discount Applied to Hospital Gross Charges</i>							
		100%	75%	67%	50%	40%	30%	20%	10%
Family Size	CY2020 FPL (1)	<i>Gross Yearly Income</i>							
	1	\$12,760	\$25,520	\$31,900	\$33,942	\$38,280	\$40,832	\$43,384	\$45,936
2	\$17,240	\$34,480	\$43,100	\$45,858	\$51,720	\$55,168	\$58,616	\$62,064	\$65,512
3	\$21,720	\$43,440	\$54,300	\$57,775	\$65,160	\$69,504	\$73,848	\$78,192	\$82,536
4	\$26,200	\$52,400	\$65,500	\$69,692	\$78,600	\$83,840	\$89,080	\$94,320	\$99,560
5	\$30,680	\$61,360	\$76,700	\$81,609	\$92,040	\$98,176	\$104,312	\$110,448	\$116,584
6	\$35,160	\$70,320	\$87,900	\$93,526	\$105,480	\$112,512	\$119,544	\$126,576	\$133,608
7	\$39,640	\$79,280	\$99,100	\$105,442	\$118,920	\$126,848	\$134,776	\$142,704	\$150,632
8	\$44,120	\$88,240	\$110,300	\$117,359	\$132,360	\$141,184	\$150,008	\$158,832	\$167,656

For families/households with more than 8 persons, add \$4,180 for each additional person

Note (1): Federal HHS Poverty Guidelines, as published in the Federal Register.

4. A patient with: (i) family income at or below 500% of FPL; (ii) with Medical Debt (defined below) incurred within the 12 month period prior to application that exceeds 25% of family income for the same period; and (iii) with less than \$10,000 in household monetary assets will qualify for partial Financial Assistance in the form of reduced-cost medically necessary care. The amount of Financial Assistance in this case is based on a sliding scale of income, amount of Medical Debt, and other factors.
 - a. An eligible patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost medically necessary care when seeking subsequent care at MMC during the 12-month period beginning on the date on which the reduced-cost medically necessary care was initially received.
 - b. To avoid an unnecessary duplication of MMC's determinations of eligibility for Financial Assistance, a patient eligible for care under Paragraph 4.a shall inform the hospital of his or her eligibility for the reduced-cost medically necessary care.

5. An uninsured patient with family income between 200% and 500% of FPL who requests assistance qualifies for a payment plan.

MMC's Expanded Coverage
(Categories Not Covered by Maryland Statute or Regulation)

6. A homeless patient qualifies for Financial Assistance.
7. A deceased patient, with no person designated as director of financial affairs, or no estate number on file at the applicable Registrars of Wills Department, qualifies for Financial Assistance.
8. A patient who has a remaining balance after Medical Assistance qualifies for Financial Assistance.
9. MMC may elect to grant presumptive charity care to patients based on information gathered during a self-pay collection process. Factors include propensity to pay or FPL scoring, eligibility and participation in other federal programs, and other relevant information.
10. A patient who does not qualify under the preceding categories may still apply for Financial Assistance, and MMC will review the application and make a determination on a case-by-case basis as to eligibility for Financial Assistance. Factors that will be considered include:
 - a. Fixed income such as Social Security, Retirement or Disability with no additional income sources available;
 - b. Medical expenses; and/or
 - c. Expenses related to necessities of life compared to income.

Defined Terms

For purposes of this Financial Assistance Policy, the following terms have the following meanings:

Emergency Medical Conditions: A medical condition (A) manifesting itself by acute systems of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in -- 1. 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; 2. Serious impairment to bodily functions, or 3. Serious dysfunction of any bodily organ or part, or (B) With respect to a pregnant woman who is having contractions -- 1. That there is inadequate time to affect a safe transfer to another hospital for delivery, or 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.

Facility/Hospital Charges: Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971. The law created the Health Services Cost Review Commission ("HSCRC"), an independent State agency. The HSCRC establishes hospital rates for each Maryland hospital and the rates are set on an all-payer basis, meaning all payers pay the same rates as outlined by the HSCRC. This includes the uninsured or self-pay population. The HSCRC's rate regulatory authority applies to inpatient services (as defined by Medicare) and outpatient and emergency services at a hospital (on the campus). The HSCRC does not regulate physician charges. **For further information, go to: <https://hscrc.maryland.gov/>.**

Family Income: Wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits, unemployment benefits, disability benefits, Veteran

benefits, alimony and other income as defined by the Internal Revenue Service, for the Patient and/or responsible party and all immediate family members residing in the household (as defined by Medicaid).

Federal Poverty Level (“FPL”): Guidelines for federal poverty issued each year by the U.S. Department of Health and Human Resources.

Medical Debt: Out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

Medically Necessary Care: Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient’s condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary, includes treatment of Emergency Medical Conditions, and does not include cosmetic, non-covered and optional procedures.

Mercy Medical Center (“MMC”): The following MMC affiliated locations, practices, and services are covered by the Financial Assistance Policy:

- Mercy Medical Center (“MMC”)
- Saint Paul Place Specialists (“SPPS”)
- Emergency Room Physicians, SPPS
- Vascular Specialty Services

Monetary Assets: Assets that are convertible to cash. In determining a patient’s monetary assets for purposes of making an eligibility determination under this financial assistance policy, the following assets are excluded: (1) the first \$10,000 of monetary assets; (2) equity of \$150,000 in a primary residence; and (3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, qualified and nonqualified deferred compensation plans.

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MERCY MEDICAL CENTER
PATIENT ACCOUNTING DEPARTMENT
P.O. BOX 829923
BALTIMORE, MD 19182

DEAR:

Guarantor:

ENCLOSED IS AN APPLICATION FOR FINANCIAL ASSISTANCE THROUGH MERCY MEDICAL CENTER. TO APPLY FOR FINANCIAL ASSISTANCE, PLEASE COMPLETE THE ATTACHED FORM IN ITS ENTIRETY. PROVIDE PROOF OF INCOME WITHIN 90 DAYS FROM THE DATE OF THIS LETTER. INCOMPLETE FILES ARE DISCARDED AFTER 90 DAYS. PLEASE ALLOW TIME FOR PROCESSING.

SEND THE APPLICATION & PROOF OF INCOME TO:

MERCY MEDICAL CENTER
ATTENTION: HOSPITAL PATIENT ACCOUNTING
P O BOX 829923
PHILADELPHIA, PA 19182

Or

FAX TO: 410-951-1716

*** (PLEASE CALL 410-951-1700, WHEN YOU MAIL OR FAX THE APPLICATION TO ENSURE THE INFORMATION WAS RECEIVED.

***WE MAY REQUIRE YOU TO APPLY FOR MEDICAL ASSISTANCE BEFORE YOUR FINANCIAL ASSISTANCE APPLICATION CAN BE APPROVED.

IF YOU HAVE ANY QUESTIONS ABOUT HOW TO CORRECTLY FILL OUT THE ENCLOSED FORM; PLEASE CONTACT US AT (410) 951-1700.

SINCERELY,

PATIENT ACCOUNT REPRESENTATIVE

Uniform Financial Assistance Application

Information about You

Name: _____

Social Security Number: - - Marital Status: _____

US Citizen: YES NO

Permanent Resident: YES NO

Citizenship status does not affect your ability to qualify for financial assistance.

Home Address: _____

Phone: _____
Country: _____

Employer Name: _____

Phone: _____

Work Address: _____

Household members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Services for Which You Are Requesting Financial Assistance

Dates of Service: _____

Total amount of bill: \$ _____

Amount of assistance requested: _____

Have you applied for Medical Assistance? YES NO

If yes, what was the determination? _____

Account Number: _____

Medical Record Number: _____

Family Income

Please list the amount of your monthly income from the following possible sources and include copies of your federal tax return and other documents to show proof of income. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____

Liquid Assets	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, money market or other accounts	_____

Other Assets
If you own any of the following items, please list the type and approximate value.

Home	Approximate value	_____
Automobile Make/Year _____	Approximate value	_____
Additional vehicle Make/Year _____	Approximate value	_____
Additional vehicle Make/Year _____	Approximate value	_____
Other property	approximate value	_____

Monthly Expenses	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Do you have any other unpaid medical bills? YES NO	
For what service?	

If you have arranged a payment plan, what is the monthly payment?

If you request that the hospital extend additional financial assistance, the hospital may Request additional information in order to make a supplemental determination. By signing the form, you certify that the information provided is true and agree to notify the Hospital of any changes to the information provided within ten days of the change.

Applicant Signature

Date