Texas Nonprofit Hospitals *
Part II
Summary of Current Hospital Charity Care Policy and Community Benefits for Inclusion in DSHS Charity Care Manual as Required by Texas Health and Safety Code, § 311.0461**
-2011-

Facility Identification (FID): 1131020	(Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Methodist Dallas Medical Center **County:** Dallas

Mailing Address: P. O. Box 655999, Dallas, TX 75265-5999

Physical Address if different from above: 1441 N. Beckey Ave., Dallas, TX 75203

Effective Date of the current policy: 1/1/1988

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? Periodically as needed

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department: Central Business Office

Mailing Address: P. O. Box 655999, Dallas, TX 75265-5999

Contact Person: Jim Perez Title: Director Central Business Office

Phone: (214) 947-6377 Fax: (214) 947-6322 E-Mail jimperez@mhd.com

Person completing this form if different from above:

Name: Larry Whitson Phone: (214) 947-6452

* This summary form is to be completed by each nonprofit hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is also available in Word or PDF formats at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2010 Annual Statement of Community Benefits Standard.

** The information in the manual will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

*** The list is also available on DSHS web site: www.dshs.state.tx.us/chs/hosp/.

I. Charity Care Policy:

1. Include your hospital's Charity Care Mission statement in the space below.

As a part of it's mission, Methodist Health System provides charity care to patients who lack the ability to pay for hospital services.

2. Provide the following information regarding your hospital's current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

Patients eligible for charity consideration will include both Financially Indigent and Medically Indigent applicants who have adequate resources to pay for services provided. Financially Indigent patients included those patients who are uninsured or under insured, whose annual income is equal to or less than the Federal Poverty Guidelines, as published each February in the Federal Register, and who have no ability to pay for their medical care. Medically Indigent patients include those patients who are capable of paying for their living expenses, but whose medical and hospital bills, after payment by third party payers, would require use or liquidation or income and/or assets critical to living or earning a living.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.

☐ 1. <100% ☐ 4. <200%

☐ 2. <133% ☑ 5. Other, specify 1

☐ 3. <150%

c. Is eligibility based upon ☐ net or ☑ gross income? Check one.

d. Does your hospital have a charity care policy for the Medically Indigent?

☑ YES ☐ NO IF yes, provide the definition of the term **Medically Indigent**.

Medically indigent patients include those patients who are capable of paying for their living expenses, but whose medical and hospital bills, after payment by third party payers, would require use or liquidation of income and/or assets critical to living

e. Does your hospital use an Assets test to determine eligibility for charity care?

☑ YES ☐ NO If yes, please briefly summarize method.

The determination of the ability to pay may take into account a number of variables, including but not limited to: a) the earning status and potential of the patient and family; b) other sources of income and assets; c) the level and type of liabilities; d) the ability to obtain additional credit; e) the amount and frequency of hospital/medical bills; and f) the family size.

f. Whose income and resources are considered for income and/or assets eligibility determination.

☐ 1. Single parent and children

☐ 2. Mother, Father and Children

☐ 3. All family members

☑ 4. All household members

☐ 5. Other, please explain _____

g. What is included in your definition of income from the list below? Check all that apply.

☑ 1. Wages and salaries before deductions

☑ 2. Self-employment income

☑ 3. Social security benefits

☑ 4. Pensions and retirement benefits

☑ 5. Unemployment compensation

☐ 6. Strike benefits from union funds

☑ 7. Worker's compensation

☑ 8. Veteran's payments

☑ 9. Public assistance payments

☑ 10. Training stipends

☑ 11. Alimony

☑ 12. Child support

☑ 13. Military family allotments

☑ 14. Income from dividends, interest, rents, royalties

☑ 15. Regular insurance or annuity payments

☑ 16. Income from estates and trusts

☑ 17. Support from an absent family member or someone not living in the household

☑ 18. Lottery winnings

☐ 19. Other, specify _____

3. Does application for charity care require completion of a form? ☐ YES ☑ NO

If YES,

a. **Please attach a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

☑ 1. By telephone

☑ 2. In person

☑ 3. Other, please specify Email

c. Are charity care application forms available in places other than the hospital?

☑ YES ☐ NO If YES, please provide name and address of the place.

Central Business Office
4040 N. Central Expressway, Suite 601, Dallas, TX 75240

d. Is the application form available in language(s) other than English?

☑ YES ☐ NO

If yes, please check

☑ Spanish ☐ Other, specify _____

4. When evaluating a charity care application,

a. How is the information verified by the hospital?

☐ 1. The hospital independently verifies information with third party evidence (W2, pay stubs)

☐ 2. The hospital uses patient self-declaration

☑ 3. The hospital uses independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets? Check all that apply.

☑ 1. W2-form

☑ 2. Wage and earning statement

☑ 3. Pay check remittance

☑ 4. Worker's compensation

☑ 5. Unemployment compensation determination letters

☑ 6. Income tax returns

☑ 7. Statement from employer

☑ 8. Social security statement of earnings

☑ 9. Bank statements

☑ 10. Copy of checks

☑ 11. Living expenses

☑ 12. Long term notes

☑ 13. Copy of bills

☑ 14. Mortgage statements

☑ 15. Document of assets

☑ 16. Documents of sources of income

☑ 17. Telephone verification of gross income with the employer

☑ 18. Proof of participation in govt assistance programs such as Medicaid

☐ 19. Signed affidavit or attestation by patient

☑ 20. Veterans benefit statement

☑ 21. Other, please specify Credit Bureau Reports, Notifications of Bankruptcy, Asset Searches

5. When is a patient determined to be a charity care patient? Check all that apply.

☑ a. At the time of admission

☑ b. During hospital stay

☑ c. At discharge

☑ d. After discharge

☐ e. Other, please specify _____

6. How much of the bill will your hospital cover under the charity care policy?

☑ a. 100%

☐ b. A specified amount/percentage based on the patient's financial situation

☐ c. A minimum or maximum dollar or percentage amount established by the hospital

☐ d. Other, please specify _____

7. Is there a charge for processing an application/request for charity care assistance?

☐ YES ☑ NO

8. How many days does it take for your hospital to complete the eligibility determination process?
Approximately three weeks

9. How long does the eligibility last before the patient will need to reapply? Check one.

☑ a. Per admission

☐ b. Less than six months

☐ c. One year

☐ d. Other, specify _____

10. How does the hospital notify the patient about their eligibility for charity care?
Check all that apply?

☑ a. In person

☑ b. By telephone

☑ c. By correspondence

☐ d. Other, specify _____

11. Are all services provided by your hospital available to charity care patients?

☐ YES ☑ NO

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees).

We do not perform bariatric surgeries, cosmetic surgeries, or transplant surgeries on charity patients.

12. Does your hospital pay for charity care services provided at hospitals owned by others?

☑ YES ☐ NO

II. Community Benefits Projects/Activities:

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness).

Submitted with hard copy of Community Benefits Report to the State

Additional Information:

Use this space if more space is required for comments or to elaborate on any of the information supplied on this form. Please refer to the response by question and item number.