

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**

Facility Identification (FID):	2011960	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: The Methodist Hospital, dba Houston
Methodist Hospital **County:** Harris

Mailing Address: 6565 Fannin St.

Physical Address if different from above:

Effective Date of the current policy: 08/01/2004

Date of Scheduled Revision of this policy:

How often do you revise your charity care policy? as necessary

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

Name of the office/department: Patient Financial Services

Mailing Address: 6565 Fannin St. D 457

Contact Person: Scott Ulrich Title: Director

Phone: (713) 441-1138 Fax: (713) 790-2429 E-Mail: sulrich@houstonmethodist.org

Person completing this form if different from above:

Name: Cathy Easter Phone: (713) 441-1682

* 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 only available in PDF format at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2013 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.

HMH will provide care to all patients without regard to race, creed, or national origin. To those individuals medically indigent according to hospital eligibility.

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

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

Assistance provided to patients whose financial resources include income and assets which do not exceed 100% of federal poverty guidelines

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

Check one.

- | | | |
|----------|-------------------------------------|-------------------------|
| 1. <100% | <input checked="" type="checkbox"/> | 4. <200% |
| 2. <133% | | 5. Other, specify _____ |
| 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 shall refer to individuals whose insurance coverage, if any, does not provide complete coverage for all medical expenses and the medical expenses, in relationship to income, would make them indigent if forced to pay outstanding balance.

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

YES NO If yes, please briefly summarize method.

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

Physician office, internet, written request

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.

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

YES NO

If yes, please check

Spanish Other, please 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 Letter of support from family member, if applicable

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 Pre-qualify prior to admission

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? 1-7 days

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 Email

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).

Cosmetic procedures, transplant, physician fee for services deemed not medically necessary

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).

The Community Benefits Program is dedicated to funding charity care programs for our own patients, independent clinics and other non-profit organizations to assist those in need. For 2013, Houston Methodist partnered with 27 different local agencies to aid in health care access. The 27 programs include: Bering Omega, Boys & Girls Country, Breath of Life Children's Clinic, Casa de Esperanza de Los Ninos, Inc. , Chinese Community Center, Covenant House-Texas, Christ Clinic, Vecino Health Centers, Eye Care for Kids, El Centro de Corazon, Ft. Bend Family Health Center (aka Access Health), Good Neighbor Health Center, Healthcare for the Homeless-Houston, Hope Clinic, Interfaith Community Clinic, Krist Samaritan Counseling Centers, Matagorda Episcopal Health Outreach Programs, Houston Area Women's Center, Northwest Assistance Ministries, San Jose Clinic, Shalom Health Ministry , Star of Hope, The Center, Inc., The Center for Hearing & Speech, The Rose, The Women's Home and TOMAGWA. Community Benefit programs and initiatives include: • Methodist Family Residency Program- Methodist partners with Vecino Health Centers: Denver Harbor Clinic. Through this relationship, it is now home to three physicians and a group of medical residents from our Family Medicine Residency Program and it serves 9,000 patients annually. In addition to supplying the staff, Methodist also provides funding and In-Kind services, including X-rays, immunizations and laboratory testing. • Community Hospital Outreach- Houston Methodist Sugarland Hospital serves as a vital partner of the University of Houston-Victoria nursing program. Houston Methodist San Jacinto Hospital contributes to numerous community events each year, benefiting organizations such as the New Horizon Women's Center, Sterling High School, Bay Area Homeless Services and the Baytown United Way. Houston Methodist Willowbrook Hospital gives back to local charities each year supporting organizations such as Northwest Assistance Ministries, Boys and Girls County, The American Cancer Society and the YMCA and Houston Methodist West serves as a partner to numerous community organizations which include American Heart Association and Christ Clinic among others. • Community Benefits Grant: This initiative provides more than \$5M annually to local non-profit organizations and clinics that serve the Houston uninsured and underserved populations. Grant includes direct and in kind support. • I CARE In Action: The volunteer program allows employees time off to volunteer with the community partner agencies. For 2013, there were 28 partner agencies on this program's list. • Charity Care Program: The internal charity care program provides services to the indigent at The Methodist Hospital System and through affiliated organizations. The program is designed to help ensure that the cost of health care will not deter our community from getting help. • Sponsorships & Donations Initiative: Includes system-wide contributions to health care-related charitable activities and local non-profit community agencies; hospital equipment and supplies donations to other countries. Methodist also organizes yearly donation drives of toys and clothes to be donated to non-profits around the city.

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.

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NOTE: This is the twelfth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512) 776-7261 or fax: (512) 776-7344 or E-mail: dwayne.collins@dshs.state.tx.us.

Name of Hospital: _____ City: _____
Phone _____
Contact Name: _____ : _____

Suggestions/questions: