

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**
-2009-

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| Facility Identification (FID): 1576276 | (Enter 7-digit FID# from attached hospital listing)*** |
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Name of Hospital: Methodist Sugar Land Hospital **County:** FORT BEND

Mailing Address: 16655 Southwest Freeway Sugar Land, Texas 77479

Physical Address if different from above: _____

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

Date of Scheduled Revision of this policy: 05/01/2011

How often do you revise your charity care policy? Annually, As Needed

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

Name of the office/department: Patient Access Services

Mailing Address: 16655 Southwest Freeway Sugar Land, Texas 77479

Contact Person: Virginia Waldenmaier Title: Director, Patient Access Services

Phone: (281) 274-7915 Fax: (281) 274-8384 E-Mail VWaldenmaier@tmhs.org

Person completing this form if different from above:

Name: Marlene Gonzalez Phone: (281) 274-7868

* 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 2009 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.

To provide excellent and caring service to patients through timely and effective communication and accurate information that will assist them in making informed choices about their health care and to contribute to The Methodist Hospital System's financial goals.

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

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

Charity care assists patients with meeting medical expenses for current Methodist Sugar Land Hospital visits. Charity care does not replace the need for patients to obtain health care insurance coverage.

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

- 1. <100%
- 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 qualification is determined when the annual gross income is between 201% - 400% of the Federal Poverty guidelines.

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

YES NO If yes, please briefly summarize method.

Tax return with attachments, month worth of pay check stubs (shows hours and dollars), W-2 or 1099 form, Medicare Entitlement Letter, Unemployment Compensation Letter, Letter of Support, self attestation, bank statements and any other document that shows

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 Any document that shows income, W-2 or 1099 form

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 via physician's office

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

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

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).

Detailed information submitted with the 2009 Annual Report of Charity Care and Community Benefits Plan. Methodist Sugar Land Hospital collaborated with several agencies in 2009 to promote health awareness and offer screening programs to the Fort Bend community. Screenings were conducted for prostate, PVD and vein check. Health knowledge seminars were conducted which included: Spinal Stenosis and Lap-band seminars. Methodist Sugar Land Hospital conducted several educational programs for the community. Approximately 10,220 participants attended these programs/seminars. The following is a list of the healthy knowledge seminars conducted: Take Care of You Heart; Improvements in Medicine and Know Your Heart; ABC's of a Healthy Heart; Women's Heart Issues; Know Your Heart; Problems/Issues with Heart; Heart Issues in Children and Adults; Know Your Heart and Problems that may occur; Take Care of Your Heart and Women's Stress in the Workplace; Vascular Issues; Heart and Peripheral Artery Disease; Open Heart Surgery and Taking Care of Your Heart; Take Care of Your Heart/CAD; Top 10 Best Places to Work and Fortune 100; Problems with Heart and Legs; Heart and Vascular; Internal Medicine; Orthopedics; Foot and Ankle; Pain Management; Back Issues; Breast and Menopause; Oncology; Knees, hips and arthritis; Children's wellness and illness; Hand and Wrist; Joint Replacements; Kidney; Successful Aging; Good Nutrition for children and adults; Diabetes and Kidney; Osteoporosis and Arthritis; Sports Medicine; Nutritionist; Women's Issues; Children's learning style/ illnesses; Medical Screenings, Flu Shots; Hematology; Children's Growth thru teen years and family illness; Stomach Issues

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.

