

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-

Facility Identification (FID): 3396327	(Enter 7-digit FID# from attached hospital listing)***
Name of Hospital: St. Luke's Community Medical Center - The Woodlands	County: MONTGOMERY
Mailing Address: 6624 Fannin Suite 1100; Houston, Texas 77030	
Physical Address if different from above: 17200 St. Luke's Way; The Woodlands, Texas 77384	
Effective Date of the current policy: 01/01/2009	
Date of Scheduled Revision of this policy: 01/01/2012	
How often do you revise your charity care policy? every 3 years	

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: 3100 Main Suite 542; Houston, Texas 77002

Contact Person: Constance Renfro **Title:** Assistant Director, Revenue Cycle

Phone: (832) 355-2039 **Fax:** (832) 355-6480 **E-Mail:** crenfro@sleh.com

Person completing this form if different from above:

Name: Thomas R. Stonegraber **Phone:** (832) 355-2042

* 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.

As part of its mission, St. Luke's Helath System provides care to patients without financial-means for hospital services. Charity care will be provided to all patients who present themselves for care at St. Luke's Episcopal Hospital or related entities without regard to race, creed, color or national origin and who are classified as financially or medically indigent.

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: providing, funding or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified by St. Luke's as "financially indigent, "medically indigent" or providing funding or otherwise financially supporting health care services providing to indigent persons through other non-profit or public outpatient clinics, hospitals or health care organizations.

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: An uninsured or underinsured-person whose catastrophic illness or injury results in a hospital balance (after payment by third-party payers) that exceeds a specified percentage of the annual gross income, and the person is financially unable to pay the balance.

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

YES NO If yes, please briefly summarize method.

A financial statement is requested from the patient and a credit report is run. Additional information may be requested such as tax return, check stubs, bank statements and / or county appraisal district tax records.

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 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, 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 report and we may request any of the above

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 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?

15

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 May cover an episode of care. Older accounts may be considered for up to 24 months.

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).

Elective cosmetic services

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).

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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.