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**

-2014-

Facility Identification (FID): 1576070 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Memorial Hermann Sugar Land **County:** FORT BEND

Mailing Address: 17500 West Grand Parkway South, Sugar Land, TX 77479

Physical Address if different from above: _____

Effective Date of the current policy: 06/04/2009

Date of Scheduled Revision of this policy: _____

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

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

Name of the office/department: Patient Business Services, Corporate Office

Mailing Address: 909 Frostwood, Suite 3:100, Houston, Texas 77024

Contact Person: Michael C. Bennett Title: VP, Patient Business Services

Phone: (713) 338-4111 Fax: (713) 338-4388 E-Mail Michael.Bennett@MemorialHermann.org

Person completing this form if different from above:

Name: Robert J. Cotie Phone: (713) 338-4250

* 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 2014 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 the Memorial Hermann Healthcare System's mission to serve the healthcare needs of the community, Memorial Hermann will provide charity care to patients without financial means to pay for hospital services in keeping with the guidelines established in this policy as presently constituted or as amended from time to time. Care will be provided to all patients who present themselves for care at Memorial Hermann without regard to race, creed, color, or national origin. Those patients who are financially indigent or medically indigent will receive such care on a non-discriminatory objective basis and consistently with the continuing need for good stewardship of limited medical and financial resources.

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

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

Program/Patient Population: The categories of patients who qualify for charity care are defined as: - Financial Indigents - Medical Indigents - Governmental Sponsored Indigents/Patient Portion - Presumed Indigents. The Memorial Hermann charity program is designed to provide hospital services to patients who do not have alternative health care resources. If however, an indigent patient presents to a Memorial Hermann hospital for medical treatment and the patient is eligible for like treatment at an alternative governmental healthcare facility, the patient's medical needs should be met through the alternative facility. Exceptions to this policy would include situations where the patient's condition is considered an emergency medical condition or the treatment requires unique skills that can only be performed by a physician on the Memorial Hermann medical staff. In these instances, Memorial Hermann will provide all medical treatment ordered by the responsible medical practitioner(s) regardless of the patient's alternative health care resources. Once the patient is stabilized or the specialized medical need is provided, the responsible practitioner (e.g., physician) shall refer the patient into the alternative governmental healthcare facility for follow up and continued health care needs. Elective patients will generally not qualify, however exceptions may be made on an individual basis consistent with the principles set out in this Charity Care Policy. Charity determination is conditional and does not apply to Third Party claims such as lawsuits, settlements, hospital liens or any other third party payment or liability. Memorial Hermann retains its rights to recover the full balance from any third party resource to the fullest extent allowed by law.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.5

1. <100%		4. <200%	
2. <133%	☑	5. Other, specify	400%
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 1. Medically Indigent in most cases will be a patient for whom the balance of the hospital bill exceeds 20% of the person's annual gross income and who is unable to pay all or a portion of the bill balance resulting from a catastrophic illness or injury. 2. If the patient's annual gross household income exceeds four hundred percent (400%) of the Federal Poverty Guidelines and the hospital bill is over two times the patient's annual income, the patient will be responsible for the amount of the bill not less than 20% of the patient's annual gross income or 10% of the balance which ever is greater. Based on F1 below but will not be less than 20% of the patient s annual gross income. 3. If a determination is made that a patient has the ability to pay all or a portion of the remainder of the bill, such a determination does not prevent a re-assessment of the patient's ability to pay at a later date. 4. If an uninsured patient's income exceeds one hundred percent (100%) of the poverty guidelines but does not exceed four hundred percent (400%) of the current Federal Poverty Guidelines the patient will be responsible for a percentage of the bill balance or co-pay. The patient's percentage will be based on a sliding scale listed on the Hospital's Gross Annual Income Eligibility.

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

☑ YES NO If yes, please briefly summarize method.

Presumed Indigent 1. Persons who do not provide the detailed documentation necessary to be classified as Financially or Medically Indigent but who, to the best of Memorial Hermann's knowledge, would be eligible for charity under the program guidelines had the person completed the documentation. 2. This patient population would include, but is not limited to: a. Illegal aliens b. Decedents with no estate or known family c. Transient, homeless persons d. Persons estranged from family and who have no effective support group or are socially dysfunctional. e. Persons whose identity cannot be established.

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 Defined

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 _____

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.

Corporate Patient Business Services , 909 Frostwood, Suite 3:100, Houston, Texas 77024

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

☑ YES NO

If yes, please check

Spanish ☑ ☑Other, please specify Through Interpretation

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 Defined

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 Post discharge follow-up by Third Party Vendors

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? Varies based on information obtained

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 Third Party Qualifiers

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).

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).

Cancare of Houston One-on-one hospital visitation program. COPE (Community Outreach for Personal Empowerment) Provides interventions and tools to improve and maintain the uninsured¿s general health and well-being Community Health Prevention and Education Initiatives Free screenings and support groups. Children at Risk Support of a Policy Coordinator for a Food in Schools Initiative. Covenant House Free linen service for this agency supporting homeless and runaway youth. E.C.H.O. (Epiphany Community Health Outreach) Support operations for Agency that provide health and social services to new immigrants and refugees. Emergency Room Algorithm Study Funding for the collection and analysis of ER visit data. ER Navigators Places community workers in MHHS ERs to connect the uninsured with a medical home. Gateway to Care Support of a Saturday Surgical Day program. Interfaith Community Clinic Operational funding for volunteer based clinic. Medical Missions Finance, facilitate, and encourage physician led teams into third world countries. Memorial Hermann Health Centers for Schools - Ancillary Activities Operating costs for Memorial Hermann's school-based health centers. Memorial Hermann Health Centers for Schools - Elrod Clinic, Jane Long Clinic, WAVE Clinic, Burbank Clinic, Lamar Clinic, Hogg Clinic, Terry Clinic Operating costs for collaborative with HISD/PISD/LCISD in the school-based health center environment. Memorial Hermann Health Centers for Schools - Mobile Dental Van Program Operating costs for dental services. Memorial Hermann Health Centers for Schools¿DSRIP Expansion of Memorial Hermann Health Centers for Schools. Mental Health Crisis Clinic Provide rapid access to initial psychiatric treatment and outpatient multi-disciplinary services. Psych Response Team ¿ Case Management Provides intensive, community-based case management services. Home Health Psychiatric Services Provides support to patients with mental health issues. Nurse Help Line 24 Hour Nurse Triage-Call Center. Neighborhood Health Centers SW, NW, and NE Medical homes for uninsured and underinsured populations. Physicians of Sugar Creek
Funding of the difference between costs and sliding fee scale payments of care. Population Research Development of effective approaches that improve the health of area populations. TOMAGWA Ministries, Inc. Support of primary care and education.. University of St. Thomas and UT Health Science Houston School of Nursing Support of creative solutions to increase enrollment of student nurses.

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: _____

Contact Name: _____ Phone: _____

Suggestions/questions: