

**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\*\***  
**2015**

<b>Facility Identification (FID):</b> 2011890 (Enter 7-digit FID# from attached hospital listing)***	
<b>Name of Hospital:</b> Memorial Hermann Hospital - Texas Medical Center	<b>County:</b> Harris
<b>Mailing Address:</b> 6411 Fannin St. Houston, Texas. 77030	
<b>Physical Address if different from above:</b> _____	
<b>Effective Date of the current policy:</b> 06/04/2013	
<b>Date of Scheduled Revision of this policy:</b> 05/01/2016	
<b>How often do you revise your charity care policy?</b> Annually	

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

Name of the office/department: Memorial Hermann Financial Assistance

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

Contact Person: Donna Poole Title: Vice President, Patient Access  
donna.poole@memorialherm

Phone: (713) 338-5502 Fax: (713) 338-6500 E-Mail ann.org

Person completing this form if different from above:

Name: Wendeline Hayes Phone: (713) 704-6702

\* 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/](http://www.dshs.state.tx.us/chs/hosp/) under 2015 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/](http://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.

- Financial Indigents - Medical Indigents - Governmental Sponsored Indigents/Patient Portion - Presumed Indigents

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

5

- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify 400

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**.

refers to individuals who this Hospital determines are unable to pay all or a portion of their remaining bill balance after payment, if any, by third party payors; or have outstanding account balances of at least \$5,000 owed on their Hospital bills, after crediting all health insurance payments, if any, and such account balance exceeds twenty percent (20%) of the person’s annual gross family income.s

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 \_\_\_\_\_  
email, website

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 3100 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 \_\_\_\_\_

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 gov't assistance programs such as Medicaid

19. Signed affidavit or attestation by patient

<http://www.dshs.state.tx.us/chs/hosp/>

20. Veterans benefit statement

21. Other, please specify \_\_\_\_\_

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 Up to 240 days after first statement

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?  
Depends on when all information is obtained to process

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 Up to 6 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). Physician professional services, other services not covered include elective services, such as, but not limited to home health, Durable Medical Equipment (DME), Hospice, Rehabilitation, scheduled/non-emergent procedures and other non-emergent/urgent care. Exception to the non-covered services may be made by the individual hospital, on a case-by-case basis for continuum of care, within the parameters of this policy.

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 ¿ Memorial Hermann supports this one-on-one hospital visitation program that is staffed by volunteers whose mission it is to support patients and their families to create hope where there is none so that no one suffers alone. ¿ Children at Risk ¿ Memorial Hermann supports a Policy Coordinator for a Food in Schools Initiative, with the goal of increasing school district participation in the Universal Free Breakfast program. ¿ Covenant House ¿ For more than 18 years, Memorial Hermann has partnered with and provided free linen services for Covenant House, a child care agency that provides emergency shelter, counseling, vocational and educational services, health care and legal information to homeless and runaway youth at no cost. ¿ E.C.H.O. (Epiphany Community Health Outreach) ¿¿ Memorial Hermann supported the expenses of the annual dinner for this social service agency that provides health and social services to new immigrants and refugees, primarily living in the Southwest area.

### 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.

¿ Emergency Room Algorithm Study ¿ Since 2003 Memorial Hermann has been a sponsor and participant in the collection and analysis of emergency department visit data in Harris County hospitals. The purpose of the study is to monitor trends in primary care-related ER use and understand the characteristics of the patients who use ERs for primary care purposes. Emergency Rooms have become major providers of primary care, particularly for low-income uninsured people unable or unwilling to access basic medical services at private or public clinics or doctor's offices. ¿ Healthy Living Matters ¿ Memorial Hermann has been a partner of the Healthy Living Matters collaboration since 2012. The collaboration, funded by Houston Endowment, was created to curb childhood obesity in Houston/Harris County by using policy action to enact system and environmental change. ¿ Houston Food Bank ¿ Memorial Hermann partners with the Houston Food Bank, the largest Food Bank in the United States, to address areas with high levels of food insecurity through a variety of programming and collaborative efforts. ¿ TOMAGWA Ministries, Inc. ¿ Memorial Hermann supports this private, not-for-profit clinic in the service of primary care and education to the working poor not qualifying for public assistance and not earning enough to pay for doctor visits in the Tomball, Magnolia,

<http://www.dshs.state.tx.us/chs/hosp/>

and Waller areas. ı University of Texas Health Science Houston School of Nursing ı Memorial Hermann financially partners with several nursing schools to collaboratively find a solution to increase enrollment of student nurses and relieve the shortage.

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**NOTE:** This is the fourteenth 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](mailto:dwayne.collins@dshs.state.tx.us).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**