

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

Facility Identification (FID): 2016038 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Memorial Hermann Katy Hospital **County:** Harris

Mailing Address: 23900 Katy Frwy, Katy, TX 77494

Physical Address if different from above: _____

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

Date of Scheduled Revision of this policy: 05/10/2016

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: 902 Frostwood, Suite 2-225, Houston, Texas 77024

Contact Person: Donna M. Poole Title: VP of Patient Access
Operations

Phone: (832) 658-6001 Fax: (713) 338-4388 E-Mail: Donna.Poole@MemorialHermann.org

Person completing this form if different from above:

Name: Sandra Moses Phone: (281) 644-7298

* 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 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.

Free Care: If an uninsured patient’s Annual Gross Family Income is equal to or less than two hundred percent (200%) of the current Federal Poverty Guidelines, as set forth on the Hospital’s Gross Monthly Income Financial Assistance Eligibility Table, the patient (or other responsible party) will be entitled to free care and will not owe any portion of the account balance. Discounted Care: Patients/individuals whose Annual Gross Family Income exceeds two hundred percent (200%) of the current Federal Poverty Guidelines but does not exceed four hundred percent (400%) of the current Federal Poverty Guidelines, will be eligible for a discount, assuming they meet the other eligibility criteria set out in this FAP.

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

4

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**.

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 <http://www.memorialhermann.org/financialassistanceprogram/>

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.

Memorial Hermann, 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 gov't assistance programs such as Medicaid

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

- 19. Signed affidavit or attestation by patient
- 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 240 days after 1st 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). No, 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 one on one hospital visitation program. COPE provides interventions tools to improve and maintain the uninsured 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 and schools initiative. Covenant house free linen services for this agency supporting homeless and runaway youth. ECHO support operations for agency that provides 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 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 facilitates and encourages physicians to lead teams into third world countries. Memorial Hermann health centers for schools are auxiliary activities operating costs for memorial Hermann school based health centers; Elrod clinic, Jane Long clinic, Wave clinic, Burbank clinic, Lamar clinic, Hogg clinic, Terry clinic, and helps operating costs for collaborative with HISD, PISD, LCISD in school based health care centers. Mobile dental van program for dental services. Mental health crisis clinic provides rapid access to initial psychiatric treatment and outpatient services. Psych response team case management provides intensive community based services. Nurse helpline 24hr nurse triage call center. Neighborhood health centers SW, NW, and NE. Medical homes for uninsured and under insured populations. Physicians of Sugar Creek, funding of the difference between costs and sliding scale fee payments. Population research development of effective approaches that improve the health of area population. TOMAGWA ministries, inc. support of primary care and education such as university of st. Thomas and UT Health Science School of Nursing and supports 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.

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

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.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: