`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** 2021**
Facility Identification (FID):   2016479   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: ST LUKES HOSPITAL AT THE VINTAGE   **County:**   Harris

Mailing Address: PO Box 20269   Houston, TX   77225-0269

Physical Address if different from above: 0171 CHASEWOOD PARK HOUSTON, TX 77070

Effective Date of the current policy: 03/14/2012

Date of Scheduled Revision of this policy: 12/07/2019

How often do you revise your charity care policy?   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 St   STE 546   Houston, TX 77002

Contact Person: Laura Hale   Title: Client Executive

Phone: (214) 709-7860   Fax: (713) 610-2709

Person completing this form if different from above:

Name: Christopher Blocker   Phone: (832) 355-2327

*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: https://www.dshs.texas.gov/chs/hosp/hosp3.aspx under 2021 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: http://www.dshs.texas.gov/chs/hosp/

I. Charity Care Policy:

1. Include your hospital's Charity Care Mission statement in the space below.

As part of its mission, CHI St. Luke's Health 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 CHI St. Luke's Health Baylor College of Medicine Medical Center or related entities without regard of 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 on an inpatient or outpatient basis to a person classified by CHI St. Luke's Health as "financially indigent", "medically indigent" or providing funding or otherwise financially supporting health care services 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.
    5

   1. 100%   4. <200%

   2. <133%   ☑   5. Other, specify   300%

   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 under-insured person whose catastrophic illness or injury results in a hospital balance (after payment by third-party payers) that exceeds a specific 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 required from the patient and a credit report is run. Additional information may be requested such as a 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 _____

   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.

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

☑ YES   NO

If yes, please check

Spanish ☑ 1 Other, please specify   German, Vietnamese, Chinese

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. Paycheck 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
	20. Veterans benefit statement
	21. Other, please specify

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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   _____

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? 30

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

                        IF APPROVED, CHARITY WILL BE IN EFFECT
                        FOR 90 DAYS OF SERVICE WITHIN THIS TIME
    ☑   d. Other, specify   PERIOD FOR THE SAME DIAGNOSIS.

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply. 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). Cosmetic and other non-medically necessary services

12. Does your hospital pay for charity care services provided at hospitals owned by others?

    ☑ YES   NO

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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). N/A

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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by Texas Health and Safety Code, § 311.0461

NOTE: This is the twenty-first 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.texas.gov.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: