

**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\*\*  
2024**

**Facility Identification (FID):** 3396057 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Memorial Hermann The Woodlands Medical Center **County:** Montgomery

**Mailing Address:** 9250 Pinecroft Dr. The Woodlands, TX 77380

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 10/4/2022

**Date of Scheduled Revision of this policy:** 06/30/2024

**How often do you revise your charity care policy?** \_\_\_\_\_

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

Name of the office/department: Financial Assistance

Mailing Address: 909 Frostwood Drive, Suite 3:100, Houston, Texas 77025

Contact Person: Theresa Pappas Title: Vice President, Hospital Revenue Cycle Operations

Phone: (713)338-4312 Fax: (713)338-6500

Person completing this form if different from above:

Name: Darren Jones Phone: (713)897-5945

\*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.texas.gov/chs/hosp](http://www.dshs.texas.gov/chs/hosp) under 2024 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.

Memorial Hermann Health System (MHHS) hospitals serve the health care needs of greater Houston metropolitan areas that include Harris, Montgomery, Fort Bend and surrounding counties. MHHS is committed to providing community benefits to county residents in the form of financial assistance to uninsured and underinsured individuals, without discrimination, who need emergency or medically urgent care that is nonelective and needed to prevent death or adverse long-term effects to the patient's health regardless of the patient's ability to pay. MHHS financial assistance policy is designed to serve its patients and to comply with Internal Revenue Code section 501 (c)(3). The purpose of this Financial Assistance Policy ("FAP") is to define a process for identifying and providing financial assistance.

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

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

Consistent with MHHS values of compassion and stewardship, it is the policy of MHHS to provide Financial Assistance to patients in need. The purpose of this FAP is to define the process under which Financial Assistance will be granted to patients for emergency or medically urgent care that is non-elective and needed to prevent death or adverse long-term effects to the patient's health. This FAP is not binding upon providers of medical services outside of the hospital or physicians employed by MHHS.

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

5

1. 100%

4. <200%

5.

2. <133%

Other, specify 200%

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**.

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

Total Family Gross Income \_\_\_\_\_

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, USPS

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.

MHHS 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  1 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. 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 \_\_\_\_\_

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 See policy for details.

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? 45

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 See policy for details.

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).

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). See the Community Benefits Plan provided by Steve Hand for the entire health system.

**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 twenty-third 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](mailto:dwayne.collins@dshs.texas.gov).

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

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

**Suggestions/questions:**