**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****
**2020**

**Facility Identification (FID):** 1576276 (Enter 7-digit FID# from attached hospital listing)***

**Name of Hospital:** Houston Methodist Sugar Land Hospital **County:** Fort Bend

**Mailing Address:** 16655 Southwest Freeway, Sugar Land, Texas 77479

**Physical Address if different from above:**

**Effective Date of the current policy:** 01/01/2019

**Date of Scheduled Revision of this policy:** 12/31/2021

**How often do you revise your charity care policy?** biennial

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

Name of the office/department: Patient Access Services

Mailing Address: 16655 Southwest Freeway, Sugar Land, Texas 77479

Contact Person: Melissa Roca Title: Director, Finance

Phone: (281) 276-8540 Fax: (281) 274-8361

Person completing this form if different from above:

Name: Marlene Borrero Phone: Director, Patient Access

*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 2020 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: https://www.dshs.texas.gov/chs/hosp/default.shtm.

**I. Charity Care Policy:**

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

To provide excellent and caring service to patients through timely and effective communication and accurate information that will assist them in making informed choices about their health care and to contribute to The Methodist Hospital System's financial goals.

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 care assists patients with meeting medical expenses for current Methodist Sugar Land Hospital visits. Charity care does not replace the need for patients to obtain health care insurance coverage.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.
4

1. 100%
2. <133%
3. <150%
☑ 4. <200%
5. Other, specify _____

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 qualification is determined when the annual gross income is between 201% - 400% of the Federal Pov guidelines.

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

☑ YES NO If yes, please briefly summarize method. Tax return with attachments, month worth of pay check stubs (sho hours and dollars), W-2 or 1099 form, Medicare Entitlement Letter, Unemployment Compensation Letter, Letter of Suppo self attestation, bank statements and any other document that shows

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 via physician's office, mail or fax

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.

Houston Methodist Centralized Business Office, Fin Assistance Unit 701 S. Fry Rd, Katy, Texas 77450

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

☑ YES NO

If yes, please check

Spanish ☑ 1 Other, please specify 17 Other languages

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 _____

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? One day, provided all supporting documents are present, but 14 days are allowed for the client to provide information

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. 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 or elective surgery / procedures

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).

Please reference the 2019 annual community benefits report for detail information provided

**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 eighteen 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:**