

**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\*\***  
2016

**Facility Identification (FID):** 2011970 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Memorial Hermann Memorial City Medical Center **County:** HARRIS

**Mailing Address:** 929 GESSNER

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

**Effective Date of the current policy:** 05/10/2016

**Date of Scheduled Revision of this policy:** \_\_\_\_\_

**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 3:707.4, Houston, Texas 77024

Contact Person: Rick Lyman Title: VP Revenue Cycle Management

Phone: (713) 338-4111 Fax: (713) 338-4388 E-Mail: RICHARD.LYMAN@MEMORIALHERMANN.ORG

Person completing this form if different from above:

Name: NA Phone: \_\_\_\_\_

\* 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 2014 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.

See Current Financial Assistance Policy and the Weblink for updates, it can be found at [http://www.memorialhermann.org/financial assistanceprogram/](http://www.memorialhermann.org/financial%20assistanceprogram/)

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 400

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

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, REGULAR MAIL, 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 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 \_\_\_\_\_

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 govt 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 up to 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).

2011970

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).

Primary program foci include education on, access to, and provision of primary medical, dental, mental health, and social service support to underserved populations; food as health; and, exercise as medicine. Memorial Hermann operates the following initiatives: MHCBC partners with five school districts for its Health Centers for Schools program. The health centers provide primary healthcare, mental healthcare, nutritional care and dental care to medically underserved, at-risk children. ER Navigation Program addresses the problem of inappropriate ER use. Navigators identify clinics that are the best fit and follow-up, ensuring that a clinic appointment was successful. Nurse Health Line helps choose the appropriate place for care providing direct communications with a registered nurse. Memorial Hermann Medical Missions finances, facilitates, and encourages physician led teams into third world countries. Memorial Hermann Neighborhood Health Centers are medical homes for uninsured and underinsured populations. Mental Health Crisis Clinics provides rapid access to initial psychiatric treatment and outpatient multi-disciplinary services for patients with no immediate access to mental health care. Psychiatric Response Teams evaluate, stabilize, arrange for transfers and develop aftercare plans for patients in emergency room and medical inpatient settings. Psych Response Team & Case Management connects patients to outpatient treatment and other community resources. Physicians of Sugar Creek is a Family Practice Residency Training site. Population Research guides the development and implementation of effective approaches that improve the health of Houston area patient populations through data-driven research, interventions, evaluation and community engagement. Memorial Hermann-The Woodlands provides an additional \$60,000/month in diagnostic services. Community Health Prevention and Education Initiatives are offered at each hospital. PARTNERSHIPS Memorial Hermann Health System's community partnerships include: health related organizations, physicians groups, research and educational institutes, businesses, nonprofits, and government organizations to identify, raise awareness and to meet community health needs. To name a few: Cancare of Houston, Covenant House, E.C.H.O. (Epiphany Community Health Outreach), Gateway to Care, Healthy Living Matters, The Clinton Health Matters, The Build Health Challenge, Pasadena Vibrant Communities, Cities Changing Diabetes, Houston Ear Research Foundation, Houston Food Bank, Interfaith Community Clinic, Project Fit America (PFA), Spring Branch Community Health Center, TOMAGWA Ministries, Inc., University of Texas Health Science Houston School of Nursing, YMCA

### **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 twelfth 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:**