

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**
2017

Facility Identification (FID): 2011890	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Memorial Hermann **County:** Harris

Mailing Address: 6411 Fannin Houston, Texas 77030-1501

Physical Address if different from above: _____

Effective Date of the current policy: 12/19/2017

Date of Scheduled Revision of this policy: 07/01/2018

How often do you revise your charity care policy? Yearly

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

Name of the office/department: Revenue Cycle Management

Mailing Address: 909 Frostwood, Suite 3:100, Houston, Texas 77024

Contact Person: Amy DePedro Title: Director

Phone: (713) 338-6016 Fax: (713) 338-6500 E-Mail Amy.DePedro@memorialhermann.org

Person completing this form if different from above:

Name: Rick Lyman Phone: (713) 338-4111

*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 under 2017 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.texas.gov/chs/hosp/.

I. Charity Care Policy:

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

"Memorial Hermann Health System is a not-for-profit, community-owned, health care system with spiritual values, dedicated to providing high-quality health services in order to improve the health of the people in Southeast Texas."

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

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

Memorial Hermann Health System’s Financial Assistance Policy and Admissions Policy govern how financial assistance is provided. On the basis of these policies, a determination will be made regarding a patient’s eligibility for financial assistance. Payment from all other possible payment sources must be exhausted before a patient can be considered for the financial assistance program. For patients who do not have insurance coverage, alternate funding and payment plan options may be available. Our staff or contracted agents work with patients to identify potential options. Financial assistance may be available to patients who do not have the means to pay for their healthcare expenses and do not qualify for any government or other programs. A patient may qualify for Financial Assistance based on federal poverty guidelines. To be considered for this program, patients are required to provide financial information for the household by completing a Financial Information Form along with supporting documentation. To verify income, the most current Federal Income Tax Return should be provided. Other pieces of supporting documentation may be requested in addition to or instead of the Tax Return, including: Last two Employer paycheck stubs, written documentation from income sources, and a copy of all bank statements for the last three months. Memorial Hermann reserves the right to review an applicant’s credit report, property tax records, and/or other public or personal documents prior to a determination regarding program eligibility. Please see policy for specific locations and services covered by our Financial Assistance Policy. Not all locations and services listed on our website are covered by the Financial Assistance Policy. To request a Financial Information Form, please contact our Customer Service Department at 713.338.5502 or see the forms section below.

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

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- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify Up to 400%

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.

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 / web sites,

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 Arabic, Chinese, Farsi, French, German, Gujarati, Hindi, Japanese, Korean, Laotian, Russian, Tagalog, Urdu and Vietnamese

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
- 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 1 st 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? 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 Up to 6 months

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).
Will send by email

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 sixteenth 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: