

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): 3396057	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Memorial Hermann The Woodlands Medical Center **County:** Montgomery

Mailing Address: 9250 Pinecroft

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 or as needed

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: Memorial Hermann Health System, Attn: Financial Assistance, 909 Frostwood, Suite 3:100, Houston, TX 77024

Contact Person: Amy Depedro Title: Director, Revenue Cycle Management

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) 897-4111

*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 (MHHS) operates Internal Revenue Code section 501(c)(3) hospitals that serve the health care needs of Harris, Montgomery, Fort Bend and surrounding counties. MHHS is committed to providing community benefits in the form of financial assistance to uninsured and underinsured individuals, without discrimination, who are in need of emergent or medically necessary services regardless of the patient’s ability to pay. The purpose of this Financial Assistance Policy (FAP) is to provide a systematic method for identifying and providing financial assistance to those that MHHS serves within its community.

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. Furthermore, the purpose of this FAP is to provide the framework under which Financial Assistance will be granted to patients for emergency or medically necessary care provided by MHHS.

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**.

Medically necessary care to patients in need. The Financial Assistance Policy is designed to comply with IRS Code 501r. It address medical and financial indigent but does not use these terms.

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

YES NO If yes, please briefly summarize method. N/A

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 points of care and 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.

Memorial Hermann Health System, Attn: Financial Assistance, 909 Frostwood, Suite 3:100, Houston, TX 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, Hindu, Japanese, Korean, Laotian, Russian, Tagalog, Urdu, 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 presumptive electronic scoring process or by submitting an application

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 depends, based on sliding scale.

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 _____

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).

Through Memorial Hermann's subsidiary, the Memorial Hermann Community Benefit Corporation (MHCBC), Memorial Hermann implements programs to work with other healthcare providers, government agencies, business leaders and community stakeholders to ensure that all residents of the greater Houston area have access to the care they need to improve their quality of life and the overall health of the community. 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. Committed to making the Greater Houston Area a healthier and more vital place to live, Memorial Hermann operates the following initiatives: Health Centers for Schools- COPE for Better Health- Nurse Health Line- Transformational Mental Health Access to Crisis & Community Based Care- Food as Health- Exercise is Medicine- Memorial Hermann Medical Missions- Memorial Hermann Neighborhood Health Centers Northwest and Northeast- Community Collaborations- Physicians of Sugar Creek- Community Health Prevention and Education Initiatives- 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. Below are just a few of the partnerships: Children at Risk- Health Disparities, Awareness, Research and Training Consortium- Interfaith Community Clinic- Nora's Home- Ronald McDonald House- SEVA Clinic- 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 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: