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**
-2011-

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

Name of Hospital: 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: 3/31/2012

Date of Scheduled Revision of this policy: 3/31/2012

How often do you revise your charity care policy? Annually, as needed

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: Marlene Gonzalez Title: Director, Patient Access Services

Phone: (281) 274-7868 Fax: (281) 274-8384 E-Mail MEGonzalez@tmhs.org

Person completing this form if different from above:

Name: _____ 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 also available in Word or PDF formats at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2010 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/.

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.

☐ 1. <100% ☑ 4. <200%

☐ 2. <133% ☐ 5. Other, specify _____

☐ 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**.

Medically indigent qualification is determined when the annual gross income is between 201% - 400% of the Federal Poverty 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 (shows hours and dollars), W-2 or 1099 form, Medicare Entitlement Letter, Unemployment Compensation Letter, Letter of Support, self attestation, bank statements and any other document that shows income.

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 Any document that shows income. W-2 or 1099 Form

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.

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

☑ YES ☐ NO

If yes, please check

☑ Spanish ☐ Other, 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 prior to admission

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 100% or a percentage based on patient's financial situation

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?

☑ 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

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 2011 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.