

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): 2016483	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Methodist West Houston Hospital **County:** Harris

Mailing Address: 18500 Katy Freeway, Houston, TX 77094

Physical Address if different from above: _____

Effective Date of the current policy: 7/1/2011

Date of Scheduled Revision of this policy: 7/1/2012

How often do you revise your charity care policy? Every 3 years

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

Name of the office/department: Finance

Mailing Address: 18500 Katy Freeway, Houston, TX 77094

Contact Person: Bryan Pannagl Title: Director of Finance

Phone: (832) 522-0312 Fax: (832) 522-0301 E-Mail Bpannagl@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.

The Methodist Hospital System will provide uncompensated or discounted hospital care to patients through the Financial Assistance Program. Patient Access Services and Patient Accounting will be responsible for reviewing completed Financial Assistance application forms (FAAF ? Attachment 1B) and determining eligibility. The eligibility criteria, which are updated annually, rely on income levels and means testing indexed to the federal poverty guidelines, updated at the beginning of each calendar year and available from the Federal Government. Eligible applicants are classified as either financially indigent (FI) or medically indigent (MI). The review may be conducted using either the traditional or fast track method.

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

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

Financially Indigent (FI) Financially indigent shall refer to individual(s) whose annual gross household income falls under or within guidelines established by The Methodist Hospital System, based on 200% or below of the federal poverty guidelines. Patients who fall under this category are accepted for care without obligation or at a discounted rate.

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 (MI) Medically indigent shall refer to individuals whose insurance coverage, if any, does not provide complete coverage for all medical expenses and the medical expenses, in relationship to income, would make them indigent if forced to

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 online

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.

www.methodisthealth.com

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 _____

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?

Up to 45 days. It depends on how quickly the patient completes the application and supplies supporting financial documentation.

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).

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).

Methodist West Houston conducted numerous educational programs for the community, reaching approximately 2,000 participants. Following is a list of the healthy knowledge seminars conducted:  Women?s Health ? It?s Not You; It?s Your Hormones  Mammograms and Abnormal Results  Surgical Options for Hysterectomies, Including Robotic  Community Open House and Health Fair  National Cancer Survivor?s Day  Leaders in Heart: Evolving Standard of Care in the Community  Sports Medicine ? Coordinated Care on the Sports Field Sideline  Concussion Management for All Ages  Back Pain: Treatment Options for a Common Concern  Breast Cancer  Prostate Cancer  Vein Health Methodist West Houston will continue to explore new ideas and ways to evaluate and document our improving ability to meet community needs. Simultaneously we will continue to identify and refine priorities for the West Houston and Katy communities.

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.