

**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-**

<b>Facility Identification (FID):</b> 2012005	(Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** St. Luke's Episcopal Hospital **County:** Harris

**Mailing Address:** PO Box 20269 Houston, TX 77030

**Physical Address if different from above:** 6720 Bertner, Houston, TX 777030

**Effective Date of the current policy:** 2/1/2012

**Date of Scheduled Revision of this policy:** 2/1/2015

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

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

Name of the office/department: Patient Financial Services

Mailing Address: 3100 Main Street Suite 546, Houston, TX 77002

Contact Person: Mark Evard Title: AVP Revenue Cycle

Phone: (832) 355-3724 Fax: (832) 355-7267 E-Mail mevard@sleh.com

Person completing this form if different from above:

Name: Tom Stonegraber Phone: (832) 355-2042

\* 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](http://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/](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 its mission, St. Luke's Episcopal HHealth System provides care to patients without financial means for hospital services. Charty care will be provided to all patients who present themselves for care at St. Luke's Hospital or related entities without regard to race, creed, color or national origin and who are classified as financially or medically indigent.

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

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

Providing, funding or otherwise financially supporting health care services on an inpatient or outpatient basis to person classified by St. Luke's as "financially indigent", "medically indigent" or providing funding or otherwise financially supporting health care services provided to indigent persons though other non-profit or public outpatient clinics, hospitals or health care organizations.

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**.

An Uninsured or underinsured person whose catastrophic illness or injury results in a hospital balance (after payment by 3rd party payors) that exceeds a specified % of the annual gross income, and the person is financially unable to pay the balance.

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

YES  NO If yes, please briefly summarize method.

A financial statement is required from the patient and a credit report is run. Additional info may be requested such as a tax return, check stub, bank statments and or county appraisal district tax records.

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 written request

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 Credit report and may request any of above

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 \_\_\_\_\_
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?
- 15
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 May cover an episode of care. Older accts may be considered for up to twenty-four 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).
- Elective cosmetic services
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).

El Buen Samaritano Episcopal Mission - increase access to culturally relevant preventative and primary care to low-income families/individuals, improve integrated care, expand health educ/outreach and enhance technology-enabled assurance/prog measurement Matagorda Episcopal Health Outreach Prog (MEHOP) - continue the support of MEHOP's mission to provide comprehensive health care - primarily medical care, dental, mental health, health educ, nutrition, case mgmt and other support services for our patients and the community Casa Marianella - continue and expand a health case prog for sick, injured and elderly homeless imigrants which provides medical case mgmt, medications and housing with a focus on recuperative care as an alternative to hospitalization and Emergency Rooms.

### **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.