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): 2015022	(Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Memorial Hermann Northwest Hospital **County:** Harris

Mailing Address: 1635 North Loop West, Houston, TX 77008

Physical Address if different from above: _____

Effective Date of the current policy: 6/4/2009

Date of Scheduled Revision of this policy: _____

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: Patient Business Services, Corporate Office

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

Contact Person: Michael C. Bennett Title: System Executive, Patient Business Services

Phone: (713) 338-4111 Fax: (713) 338-4388 E-Mail Michael.Bennett@MemorialHermann.org

Person completing this form if different from above:

Name: Robert J. Cotie Phone: (713) 338-4250

* 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.

As part of the Memorial Hermann Healthcare System's mission to serve the healthcare needs of the community, Memorial Hermann will provide charity care to patients without financial means to pay for hospital services in keeping with the guidelines established in this policy as presently constituted or as amended from time to time. Care will be provided to all patients who present themselves for care at Memorial Hermann without regard to race, creed, color, or national origin. Those patients who are financially indigent or medically indigent will receive such care on a non-discriminatory objective basis and consistently with the continuing need for good stewardship of limited medical and financial resources.

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

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

Program/Patient Population: The categories of patients who qualify for charity care are defined as: - Financial Indigents - Medical Indigents - Governmental Sponsored Indigents/Patient Portion - Presumed Indigents. The Memorial Hermann charity program is designed to provide hospital services to patients who do not have alternative health care resources. If however, an indigent patient presents to a Memorial Hermann hospital for medical treatment and the patient is eligible for like treatment at an alternative governmental healthcare facility, the patient's medical needs should be met through the alternative facility. Exceptions to this policy would include situations where the patient's condition is considered an emergency medical condition or the treatment requires unique skills that can only be performed by a physician on the Memorial Hermann medical staff. In these instances, Memorial Hermann will provide all medical treatment ordered by the responsible medical practitioner(s) regardless of the patient's alternative health care resources. Once the patient is stabilized or the specialized medical need is provided, the responsible practitioner (e.g., physician) shall refer the patient into the alternative governmental healthcare facility for follow up and continued health care needs. Elective patients will generally not qualify, however exceptions may be made on an individual basis consistent with the principles set out in this Charity Care Policy. Charity determination is conditional and does not apply to Third Party claims such as lawsuits, settlements, hospital liens or any other third party payment or liability. Memorial Hermann retains its rights to recover the full balance from any third party resource to the fullest extent allowed by law.

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

☐ 1. <100% ☐ 4. <200%

☐ 2. <133% ☑ 5. Other, specify 400

☐ 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 1. Medically Indigent in most cases will be a patient for whom the balance of the hospital bill exceeds 20% of the person's annual gross income and who is unable to pay all or a portion of the bill balance resulting from a catastrophic

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

☑ YES ☐ NO If yes, please briefly summarize method.

Presumed Indigent 1. Persons who do not provide the detailed documentation necessary to be classified as Financially or Medically Indigent but who, to the best of Memorial Hermann's knowledge, would be eligible for charity under the program guidelines had the person completed the documentation. 2. This patient population would include, but is not limited to: a. Illegal aliens b. Decedents with no estate or known family c. Transient, homeless persons d. Persons estranged from family and who have no effective support group or are socially dysfunctional. e. Persons whose identity cannot be established.

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 Defined

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 _____

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, specify Through Interpretation

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 Defined

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 Post discharge follow-up by Third Party Vendors

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?
   Varies based on information obtained

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 Third Party Qualifiers

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).

COMPLETED FROM A HOSPITAL SYSTEM PERSPECTIVE. SYSTEM COMMUNITY BENEFITS ARE: AMERICAN CANCER SOCIETY - Contribution. CANCARE OF HOUSTON - Fund for Hospital visitation program that is staffed by volunteers who support patients and their families so that no one suffers alone. CHILDREN AT RISK - Fund for Policy Coordinator for a Food in Schools initiative CHILDREN'S MUSEUM - Share Life Fight info with children COVENANT HOUSE - provide free linen service for this international child care agency that provides free emergency shelter, counseling, vocational and educational services, and health care and legal information to homeless and runaway youth. COPE (Community Outreach for Personal Empowerment) Program that connects the uninsured with a primary medical health home, provides interventions and tools to improve and maintain their general health and well-being, and strives to decrease ER visits and hospitalizations. HOUSTON BAPTIST UNIVERSITY - grant to train and educate nurses. INTERFAITH COMMUNITY CLINIC - Operational funding for this private not-profit volunteer based health care clinic. Its mission is to provide short-term medical care, dental care, and social service referrals for indigent persons who do not have private health insurance and are not eligible for Medicaid. EMERGENCY ROOM ALGORITHM STUDY - Funding for the collection and analysis of emergency department visit data in major Harris County hospitals to monitor primary care-related use of the emergency rooms. ER NAVIGATORS - Program that places peer-to-peer advisors who are state-certified community workers in Memorial Hermann emergency rooms to connect the uninsured with a medical home and reduce their reliance on the ER for their primary care. GATEWAY TO CARE - collaboratove to share vision of 100% access to healthcare for the uninsured and underinsured. GRANT WRITER - Garners support for foundations to expand and collaborate on innovative solutions that reduce the impact of the lack of access to care. MH HEALTH CENTERS for SCHOOLS - Ancillary Activities, Jane Long Clinic, WAVE Clinic, Burbank Clinic, Lamar Clinic, Hogg Clinic, Terry Clinic, Mobile Dental Vans 1 and 2 - Operating costs for medical, mental health, dental, and nutritional serves for uninsured stduents in the school-based health center environment. MS-150 Team - sponior team in the BP MS 150 bike tour. NEIGHBORHOOD HEALTH CENTERS Southwest , Northwest, and Northeast - Intended as a medical home for uninsured and underinsured populations, the Centers keeps costs low and charge just slightly over costs. SAN JOSE CLINIC - Donation PHYSICIANS OF SUGAR CREEK - Funding of the difference between costs and sliding fee scale payments of care provided by this Memorial Family Practice Residency Training site to the working poor of Fort Bend County. TEXAS HEALTH Institute - Contribution to support THI's research and collaborative efforts. TOMAGWA Ministries, Inc. - Support of primary care and education to the working poor not qualifying for public assistance and not earning enough to pay for doctor visits in the Tomball, Magnolia, and Waller areas. UT SCHOOL OF NURSING AT HOUSTON - Support of creative solutions to increase enrollment of student nurses. WayFinding Scholarships - allows students to gain volunteer hours in a hospital setting and earn a scholastic scholarship.

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.