

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): 2016302	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Methodist Willowbrook Hospital **County:** Harris

Mailing Address: 18220 Highway 249, Houston, Texas 77070

Physical Address if different from above: _____

Effective Date of the current policy: 8/31/2004

Date of Scheduled Revision of this policy: 5/31/2012

How often do you revise your charity care policy? Annually

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

Name of the office/department: Patient Access

Mailing Address: 18220 Highway 249, Houston, Texas 77070

Contact Person: Eliud Faz Title: Director of Finance

Phone: (281) 737-2152 Fax: (281) 737-1361 E-Mail efaz@tmhs.org

Person completing this form if different from above:

Name: J. Michael Gomez Phone: (281) 737-4509

* 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.

Methodist will provide care to all patients without regard to race, creed, or national origin. To those individuals who are classified as financially or medically indigent according to the hospital eligibility.

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

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

Assistance provided to patients whose financial resources include income and assets do not exceed 100% of federal poverty guidelines

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**.

Assistance extended to patients whose financial resources are greater than 200% and equal to or less than 400% of the federal poverty guidelines may also refer to an individual with catastrophic illness or injury in which the balance of the hospital bill

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

YES NO If yes, please briefly summarize method.

Patient is interviewed about all assets, property values checked with county appraisal district, credit reports run

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 Physician office, internet, 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 Letter of support from family member, if applicable

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 Per qualify before 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?
1-7 days
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 E-mail _____
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 procedures, physician fees, services deemed not medically necessary
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).

American Heart Association Heart Walk ? supports ground breaking heart and stroke research and providing life saving information and treatment options in the community; Pink Ribbons Project ? Tour de Pink ? supports and promotes early breast cancer awareness treatment and education in the community; MDA - supports research in neuromuscular disease and in educating the community by identifying the major symptoms affecting patients with ALS which affects men and women of all ethnic and racial groups; Komen Race for the Cure - supports education, screening treatment programs for the community with emphasis on early detection; Stride4Stroke 5K Run/Walk - committed to promoting education and awareness of stroke symptoms, treatment, prevention and research in the community; ASMBS Walk for Obesity ? promotes research, education and the awareness of obesity on health and treatment options in the Houston community known as the fattest city; Men?s Health Exp at Minute Maid ? free health screenings & information for men focusing on the importance of early detection of prostate cancer & prevention of peripheral artery disease to fans attending the Astros game; Astros Race for the Pennant ? promote the importance of organ donation and the Methodist Transplant Center in the community; United Way ? support is provided to families, youth and seniors in the community in the time of need; emergency shelter, health care, counseling, mentoring, and in tacking key social issues thus making a difference in their quality of life for all; Klein ISD Health Fairs ? free cholesterol, diabetes, and BP screenings for Klein ISD employees; Heart-to-Heart seminar ? education to the community, free cholesterol and BP screenings; American Cancer Society/ Methodist Cancer Center - free skin screenings to the community; Free Vein screening event ? free screenings to the community for vein issues; World Heart Day ? free carotid artery ultrasound screenings for the public; Annual Family Heath Fair at MWH ? free screenings to the community ? cholesterol, diabetes, BP; American Heart Association ? free cholesterol, diabetes, and BP screenings, free carotid artery ultrasound screening to the community; Relay for Life ? American Cancer Society

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.

