<table>
<tr><td colspan="2" align="center">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**
2018</td></tr>
<tr><td>Facility Identification (FID):   1576444</td><td>(Enter 7-digit FID# from attached hospital listing)***</td></tr>
</table>

Name of Hospital: St. Luke's Sugar Land Hospital   **County:**   Fort Bend

Mailing Address: 1317 Lake Pointe Parkway, Sugar Land, TX 77478

Physical Address if different from above:

Effective Date of the current policy: 07/01/2016

Date of Scheduled Revision of this policy: 07/01/2019

How often do you revise your charity care policy?   3

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 538, Houston, TX 77002

Contact Person: Mark Evard   Title: Division VP Revenue Cycle

Phone: (832) 355-2787   Fax: (713) 610-2709   E-Mail   mevard@stlukeshealth.org

Person completing this form if different from above:

Name: Kenneth Zieren   Phone: (832) 355-3862

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 only available in PDF format at DSHS web site: www.dshs.texas.gov/chs/hosp under 2018 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.texas.gov/chs/hosp/.

I. Charity Care Policy:

1. Include your hospital's Charity Care Mission statement in the space below.

As part of its mission, CHI St. Luke's Health System provides care to patients without financial means for hospital services. Charity care will be provided to all patients who present themselves for care at St. Luke's Sugar Land Hospital or related entities without regard of race, creed, color or national origin 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.

    Charity: Providing, funding or otherwise financially supporting health care on an inpatient or outpatient basis to a person classified by CHI St. Luke's Health as "financially indigent", "medically indigent" or providing funding or otherwise financially supporting health care services to indigent persons through 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.
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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: An uninsured or under-insured person whose catastrophic illness or injury results in a hospital balance (after payment by third-party payers) that exceeds a specific percentage 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 information may be requested such as tax returns, check stubs, bank statements, 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 _____

   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, please 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 gov't assistance programs such as Medicaid
☑	19. Signed affidavit or attestation by patient
	20. Veterans benefit statement
☑	21. Other, please specify Credit Report, and we may request any of the above

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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   <u>Prior to admission</u>

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   <u>   </u>

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? 30 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

                    If approved, charity will be in effect for 90 days
                    for all dates of service within the time period for

    ☑   d. Other, specify   <u>the same diagnoses</u>

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply. 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 Cases, Cosmetic Cases, and Other OP Services

12. Does your hospital pay for charity care services provided at hospitals owned by others?

  ☑ YES   NO

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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).

Access to Care - developing strategies to access care, recruiting specialty physicians to ease the limited access patient have to specialty care. Chronic Care - provide education and promote better health in the community through relationships with Civic Clubs, area churches, schools, and other health care organizations. S.A.N.E. - Developing a SANE program to support Fort Bend County,

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.

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

NOTE: This is the eighteenth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512)776-7261 or fax:(512)776-7344 or E-mail: dwayne.collins@dshs.texas.gov.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: