

**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**

**Facility Identification (FID):** 3396549 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Houston Methodist The Woodlands Hospital **County:** Montgomery

**Mailing Address:** 17201 I-45 South, The Woodlands, TX 77385

**Physical Address if different from above:** \_\_\_\_\_

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

**Date of Scheduled Revision of this policy:** 12/31/2019

**How often do you revise your charity care policy?** As needed or every 3 years

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

Name of the office/department: Houston Methodist Centralized Business Office, Attn: Financial Assistance Unit

Mailing Address: 201 S. Fry Road, Katy TX, 77450

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (877) 493-3228 Fax: (832) 667-5995 E-Mail none

Person completing this form if different from above:

Name: Kendall Schmidt Phone: (936) 270-2029

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](http://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/](http://www.dshs.texas.gov/chs/hosp/).

**I. Charity Care Policy:**

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

Houston Methodist (HM) is committed to providing financial assistance to persons who have healthcare needs and are uninsured or underinsured and are ineligible for a government program, or otherwise unable to pay, for medically necessary care including emergency care as defined herein, based on their individual financial situation. Consistent with HM's objective to deliver high quality, cost effective healthcare, and to advocate for those in need, HM Strives to ensure that those in need are not prevented from receiving necessary health care services. HM will provide, without discrimination, care for emergency medical conditions regardless of a patient's ability to pay.

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

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

We define Financial Assistance as: Healthcare services provided by Houston Methodist hospitals without charge or at a discount to patients approved for Financial Assistance.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.  
5

- |          |   |  |
|----------|---|--|
| 1. 100%  | 4. <200%  |  |
| 2. <133% | <input checked="" type="checkbox"/> 5. Other, specify | <u>All, less than<br/>100% to less than<br/>400%</u> |
| 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**.

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?

- |                                     |                                |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | 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 Non cash benefits (food stamps and housing subsidies); Public assistance; Survivors benefits; Educational assistance

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.  
, www.houstonmethodist.org/billing

d. Is the application form available in language(s) other than English?

YES  NO

If yes, please check

Arabic, Chinese, Farsi, French, German,  
Gujarati, Vietnamese, Hindi, Japanese,  
Khmer-Cambodian, Korean, Portuguese,  
Brazilian, Portuguese European, Russian,  
Tagalog, Thai, Urdu

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 \_\_\_\_\_

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 At any time during the collection cycle

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 Amounts Generally Billed (AGB)

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 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 One year and at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

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). Services must be considered medically necessary. No exclusions are specifically listed in the policy; rather it states what is included

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).

Community Benefits Grant Program: The external charity care grant program provides services to the medically needy through external organizations that are already meeting the health care needs that Houston Methodist has identified as priorities. Agencies complete an application based on a set criteria which includes primarily supporting people who fall within a certain range of the Federal Poverty Levels (FPL) and offering a health care service. In 2018, Houston Methodist provided grant support to 21 health focused nonprofits. Of those 21, financial support is actively benefiting three agencies within the Houston Methodist The Woodlands (HMTW) service areas: Interfaith Clinic, Lonestar Family Health and TOMAGWA Health Ministries. Through this grant support, HMTW is able to support the agencies health care objectives for the underserved populations. ICARE in Action Program: Through the Houston Methodist employee volunteer program, ICARE in Action, employees are able to voluntarily donate their time to assist charitable agencies in the surrounding community in the execution of health care and social services such as the administration of flu shots, blood pressure screenings, and initiatives that address food insecurity. Types of charitable agencies supported through the ICARE in Action program include, but are not limited to, Legacy Community Health, Montgomery County Food Bank, and The Rose. For 2018, Houston Methodist is supporting more than 30 community based agencies in Houston. Of those 30+ agencies, 4 are located in the HMTW service area including Montgomery County Food Bank, Interfaith Clinic, Montgomery County Meals on Wheels, etc. Through ICARE in Action for 2018, donations of more than 343 hours of employee volunteer time were given by HMTW employees. Donation/Scholarship Programs: Houston Methodist provides support to local underserved patients and charity agencies through donations of medical equipment and supplies and direct and in kind sponsorships. For 2018, Houston Methodist The Woodlands Hospital provided sponsorship support to numerous agencies of which include but were not limited to the American Heart Association, The Susan G. Komen Foundation, American Cancer Society, Interfaith Community Clinic, and many others. Each of these agencies work to provide care, medical awareness and assistance to the community in need as well as the Greater Houston community. Health Awareness Activities and Community Education: At Houston Methodist The Woodlands, many activities are executed to raise awareness of health. HMTW partners with local employers, churches and community-focused organizations to educate community members about the importance of healthy eating, exercise and regular health screenings. Examples include women's health seminars, breast cancer events, lunch and learns, health & fitness expos, and much more, providing community education to thousands of community members.

**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.



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**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](mailto:dwayne.collins@dshs.texas.gov).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**