

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**
-2008-

Facility Identification (FID): 2016016 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHRISTUS St. John Hospital **County:** Harris

Mailing Address: 18300 St. John Drive, Nassau Bay, TX 77058

Physical Address if different from above: _____

Effective Date of the current policy: 09/01/2001

Date of Scheduled Revision of this policy: 07/01/2009

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: CHRISTUS St. John Admitting Department

Mailing Address: 18300 St. John Drive, Nassau Bay, TX 77058

Contact Person: James Worry Title: _____

Phone: (281)336-3743 Fax: (281)333-8812 E-Mail james.worry@christushealth.org

Person completing this form if different from above:

Name: Monica Martinez Phone: (281)523-2281

* 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 2008 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.

In keeping with the Mission, Vision and Core Values of CHRISTUS Health, we will provide charity services in a manner that respects the dignity of the patients and their families

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 care means the unreimbursed cost to a hospital of providing funing or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified by the hospital as "financially indigent" or "medically indigent".

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**.

Medically indigent shall mean the patient whose medical or hospital bills after payment by third-party payers exceed a specified percentage of the person's annual gross income as specified in the attached schedule who is financially unable to pay the remaining bill. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require lidquidation of assets critical to living or would cause undue financial hardship to the family suport system. In addition medically indigent shall also include catastrophic medical expenses of patients where after payment by third party payers the residual amount exceeds a specified percentage of a patient's annual gross income. This was formerly sometimes referred to as Catastrophic Free Care.

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

YES NO If yes, please briefly summarize method.

Gross Income, Family Size, Employment Status, and Future Earing Capacity Net Worth.

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 If the patient provides other income

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 Charity screens at 150 days on all

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.

TRLA

1700 West Loop South Suite 500, Houston, TX 77027

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

YES NO

If yes, please check

Spanish Other, specify

Translators are available

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 zip codes per capita and credit references

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 _____

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?

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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 _____

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).

physicians are independent agency and not employees of the hospital so they are billed separately.

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).

Rooted in our mission and in tradition the Sisters of Charity of the Incarange Word and those who co-minister with them seek new and innovative way of delivering health care that is both affordable and accessible to all.

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.