

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): 2192250 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Covenant Hospital Levelland **County:** Hockley

Mailing Address: 1900 S. College Ave; Levelland, TX 79336

Physical Address if different from above: _____

Effective Date of the current policy: 01/01/2008

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

How often do you revise your charity care policy? Annually Revisited and/or Revise

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

Name of the office/department: Hospital OP Registration/Admitting

Mailing Address: 1900 S. College Ave; Levelland, TX 79416

Contact Person: Norma Reyes Title: Director
Admitting Department

Phone: (806)894-4963 Fax: (806)894-6461 E-Mail Norma@CovLev.org

Person completing this form if different from above:

Name: John Dolan, CFO Phone: (806)894-4963

* 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.

St. Joseph Health System (SJHS) hospitals serve all persons within each community where they are located. As a values-based organization St. Joseph Health System strives to provide healthcare services within an environment of dignity respect and compassion. Providing patients with financial assistance for healthcare is an essential element of fulfilling the St. Joseph Health System mission. This policy defines the SJHS Financial Assistance Program; its criteria systems and methods. The finance department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing recording and accounting treatment of transactions across all SJHS hospitals. This includes the handling of patient accounting transactions in a manner that supports the mission and values of the St. Joseph Health System.

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 is defined as any necessary inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established eligibility in accordance with requirements contained in the SJHS Financial Assistance Policy. Depending upon individual patient eligibility financial assistance may be granted on a full or partial basis. Financial assistance may be denied when the patient or other responsible guarantor does not meet the SJHS Financial Assistance Policy requirements.

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

- 1. <100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify 175% of Texas Poverty Level

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**.

Charity Care is defined as any necessary inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established eligibility in accordance with requirements contained in the SJHS Financial Assistance Policy. Depending upon individual patient eligibility financial assistance may be granted on a full or partial basis. Financial assistance may be denied when the patient or other responsible guarantor does not meet the SJHS Financial Assistance Policy requirements.

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.

- 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 _____

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.

Covenant Hospital Levelland
1900 S. College Ave

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

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?
one to three depending on documentation

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 Six months

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).

elective services would not be covered and/or would be evaluated on a case-by-case basis

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).

1) Storkes Nest: Prenatal Parenting Classes targeting first time pregnant women. 2) Annual Health Fair: health screenings and activities targeted for the entire community. 3) Weekend clinics: extended hours clinic on weekends targeted at working individuals who may not be able see a doctor during normal working hours. 4) Womens clinics: extended hours clinic on Tue and Thur evening targeted specifically to women health issues. 5) Quick Shot clinics: clinics where patients can receive immunization or routine injections quickly.

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.