

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): 2652135 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Peterson Regional Medical Center **County:** Kerr

Mailing Address: 551 Hill Country Drive, Kerrville, TX 78028

Physical Address if different from above: _____

Effective Date of the current policy: 10/01/1994

Date of Scheduled Revision of this policy: 10/01/2009

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: Business Office

Mailing Address: 551 Hill Country Drive, Kerrville, TX 78028

Contact Person: Estella Arequin Title: _____

Phone: (830)258-7687 Fax: (830)258-7678 E-Mail earequin@petersonrhc.com

Person completing this form if different from above:

Name: Rhonda Arhelger Phone: (830)258-7422

* 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.

To establish a methodology for identifying patients who are uninsured or underinsured and financially or medically indigent and who qualify for uncompensated care.

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

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

Care provided to patients who are uninsured or underinsured and financially or medically indigent and who qualify for uncompensated care.

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

1. <100%

4. <200%

100% if less than 175%
then guarantor
responsible for fixed
amounts up to 300% of
poverty level.

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**.

A person whose medical and hospital bills, after payment by third party payers, exceeds fifty percent of the person's annual gross income and is unable to pay remaining bill.

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 Any income reported on tax return

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 by mail

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

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?

30

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).

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).

A. Biannual community health fairs: Target audiences: any resident of the communities we serve. Purpose: to provide low/no-cost basic screenings that include lipid panel (\$10,) blood glucose (free,) pulmonary function (free,) vital signs (free,) BMI/height/weight (free,) once yearly PSAs (\$15,) glaucoma screenings provided by local optometrists (free,) hearing tests provided by local hearing healthcare providers (free.) B. Annual community-wide flu vaccination clinic: Target audiences: any resident of the communities we serve and especially those at risk due to ongoing health issues. Purpose: to provide low-cost influenza immunizations to the greatest number of Residents possible during the 10-hour clinic Peterson Regional Medical Center partners with the local office of the Texas Department of State Health Services and with H-E-B (a supermarket chain) to conduct this annual event. This is a service the hospital has actively provided since 1994. Each year participation has grown. On average the past several years, the medical center provides between 30-35 RNs, LVNs and pharmacy techs to prepare and administer the vaccinations. In addition, staff from Quality Services and Marketing/Community Relations serve as event directors and approximately 25 members of the auxiliary help Medicare-eligible participants fill out the paperwork that allows H-E-B to be reimbursed for the cost of the vaccine. For the past two years, physician specialists in radiology and staff from the medical center's cardiac cath/interventional radiology lab provided free screenings for peripheral artery disease (PAD.) In 2008, more than 2,200 participants received vaccinations and approximately 40 participants were screened for PAD. B. Community Education Seminars: Target audiences: any resident of the communities we serve. Purpose: to provide health information on a variety of different topics such as eye health and the aging eye; hearing loss and treatment options; joint pain; varicose veins and vascular disease. From 20-50 guests attend the seminars, depending on the topic.

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.