

**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):** 3096091 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** DePaul Center **County:** McLennan

**Mailing Address:** 6901 Medical Parkway

**Physical Address if different from above:** same

**Effective Date of the current policy:** 10/01/1979

**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: Business Services

Mailing Address: 6901 Medical Parkway

Contact Person: Cherie Sivess Title: Director Business Services

Phone: (254)751-4161 Fax: (254)751-4183 E-Mail csivess@phn-waco.org

Person completing this form if different from above:

Name: Vivian Marquez Phone: (254)751-4771

\* 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](http://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/](http://www.dshs.state.tx.us/chs/hosp/).

## I. Charity Care Policy:

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

The goal of the planning process is to accomplish the mission of Ascension Health in provision of care and services. Providence Health Center serves the community through a Christian philosophy which values the sanctity of human life, serves others with Christian faith, and shares in the healing ministry of the whole person. Services are designed to respond to patient and family needs and expectations and to assure that patients with comparable health conditions receive the same level of care regardless of gender, race, religion, age, disability, method of payment or site of care within the system. Care is provided in accordance with applicable licensure, laws, rules and regulations. Resources are allocated and organizational structures and policies are formulated to implement the plans.

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

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

At a minimum, Uninsured patients with income less than or equal to 200% of the Federal Poverty level (which may be adjusted to the hospital for cost of living utilizing the local wage index compared to national wage index) will be eligible for 100% charity care write off of the charges for services that have been provided to them in accordance with Ascension Health policy.

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 is defined as a patient who has a chronic disease or catastrophic illness with recurring episodes of care and whose medical and hospital bills after payment by third party payors exceeds the patients annual gross income and is unable to pay the remaining bill.

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

YES  NO If yes, please briefly summarize method.

To apply for full or partial charity care, the patient should complete forms. The patient should submit, on request, 3 months payroll or pension stubs; spouse's last 3 months payroll or pension stubs; last 3 months' bank statements; last 2 years' income tax returns; a copy of the denial of medicaid/SSI benefits; a copy of patient's active food stamp card; a copy of the patient's active Family Practice Clinic green card; a copy of the patient's Housing Authority letter; and the patient's current credit report.

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.

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?

30-60 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 \_\_\_\_\_

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 cosmetic surgery, vasectomy reversal, Bariatric Bypass Surgery

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).

Mercy Housing: Providence has donated the land where the old hospital was located. Providence also prepared the land so that Mercy Housing was able to build a facility of affordable housing for the elderly in the neighborhood. Since 40% of women do not get their mammograms, Providence began plans to open a Spa-like Breast Center for the community, targeting all women. This is scheduled to open in May 2009. Providence has recently renovated the kitchen and cafeteria and has returned to the project of freezing extra food to be donated to Caritas to distribute to the poor and needy in Waco. This is done following the guidelines of the Health Department. Screening: daily by phone for psyc patients. Assessments are also provided through PHC ED. DePaul works closely with MHMR, VA and provides numerous support groups for th entire community. Phamaceuticals: Providence provides help to patients to apply for prescription help from the pharmaceutical companies when they cannot afford their prescriptions. Providence also provides prescription help to those who qualify. Target group is the poor and elderly. Providence provided an interim ultra- sound tech to Care Net, the crisis pregnancy center when their tech was out. Target group was women with a crisis pregnancy. Providence partners with Partners In Education, which is a WISD program. We have a coordinator who organized employees to go to the school with health and motivational programs for the children. The target group is the needy children at the school. These projects are in addition to all of our regular participation in health fairs, screenings and mental health assessments. The target audience being the whole community as well as the homeless. Other partners continue to include Compassion Ministries, Care Link, Mission Waco, Salvation Army Standdown.

### **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.