

**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):** 4913366 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Johns Community Hospital **County:** Williamson

**Mailing Address:** 305 Mallard Lane Taylor, TX 76574

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

**Effective Date of the current policy:** 03/02/2009

**Date of Scheduled Revision of this policy:** 03/02/2010

**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: Patient Accounts Department

Mailing Address: 305 Mallard Lane Taylor, TX 76574

Contact Person: Brenda Schneider Title: \_\_\_\_\_

Phone: (512)352-7611 Fax: (512)352-4729 E-Mail bschneider@johnscommunit  
yhospital.org

Person completing this form if different from above:

Name: Ernest Balla Phone: (512)352-4715

\* 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.

As part of Johns Community Hospital's mission to serve the health care needs of the community and by virtue of its exemption from federal, state and local taxes, the Hospital will provide a reasonable amount of charity care to patients without the financial means to pay for hospital services. Medically necessary charity care will be provided to patients who present themselves for care at Johns Community Hospital without regard to race, creed, color, or national origin and who meet financial indigent guidelines according to the Hospital's eligibility system called the Financial Assistance Program.

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

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

1. A person will be considered financially indigent if they are uninsured and accepted for care with a discounted obligation to pay for the services based on the Hospital's eligibility criteria which follows. A. To be eligible for Financial Assistance (charity care) on a sliding scale, the person's household income will be at or below 200% of the federal poverty guidelines for Hospital services and at or below 150% of the federal poverty guidelines for Health Center clinic services. B. The Hospital will use the most current federal poverty income guidelines issued by the U.S. Department of Health and Human Services to determine eligibility for Financial Assistance. C. Household income includes the income of all related household members. Non-relatives such as room mates do not count in calculating household income. D. Household income includes the following: earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income (SSI), public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, and assistance from outside the household. Income is calculated on a gross or pre-tax basis. E. The following are excluded from household income: non cash benefits such as food stamps and housing subsidies, and capital gains and losses. F. To qualify individuals must reside in the Hospital's service area which encompasses East Williamson County and includes the communities of Taylor, Hutto, Coupland, Thrall, Granger and Bartlett (portion in Williamson County) and rural addresses located in East Williamson County (east of Hutto). G. To qualify individuals must have no other major medical insurance coverage.

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

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> 1. <100% | <input checked="" type="checkbox"/> 4. <200%     |
| <input type="checkbox"/> 2. <133% | <input type="checkbox"/> 5. Other, specify _____ |
| <input type="checkbox"/> 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.

- 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 mail or e-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?

10 business 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).

The Hospital contracts with physicians to provide Emergency Room and clinic services and provides billing services for these physicians. The care provided by these contracted physicians will be covered by the Financial Assistance Program. However, other physicians who have Medical Staff Privileges at Johns Community Hospital are private practitioners and patients qualifying for Financial Assistance will have to make their own financial arrangements with these physicians regarding their 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).

Health promotion activities are provided to the community at a no cost or low cost basis. Needs for health education are determined using assessment data gathered from a variety of sources. The hospital collaborates with other community entities in planning and implementing health education activities. Examples of the health promotion activities provided include cholesterol screens, diabetes education, support groups, advance directives education and assistance, heart health education, poison control education, and child safety programs.

### **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.