

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**
-2009-

Facility Identification (FID): 3093660	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Providence Health Center **County:** MCLENNA
N

Mailing Address: 6901 Medical Parkway, Waco, Texas 76712

Physical Address if different from above: _____

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

Date of Scheduled Revision of this policy: 05/31/2010

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: Business Services

Mailing Address: 6901 Medical Parkway, Waco, Texas 76712

Contact Person: Bill Barcus Title: Director Business Services

Phone: (254) 751-4161 Fax: (254) 751-4181 E-Mail: William.Barcus@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 under 2009 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.

The goal of the planning process is to accomplish the mission of Ascension Health in provision of care and services. Providence Health Center (PHC) 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.

(5.a) At a minimum, Uninsured patients with income less than or equal to 200% of the Federal Poverty Level (?FPL?), (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 .

(5.b) At a minimum, Uninsured Patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to inflationary adjustments as described earlier, will receive a discount on the services provided to them based on a sliding scale

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**.

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 designated forms and submit three month's payroll or pension stubs; spouse's last 3 months payroll or pension stubs; last 3 months' bank statements; last two years' income tax returns;

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 _____

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).

o Providence has opened our spa-like Breast Center for mammograms. The ambiance of the facility draws more women to get their annual mammograms. Providence also includes these tests for those who cannot pay. Two grants along with charity care. The staff of the Breast Center bring education to the community through the various health fairs and community functions. o Providence partners with the WISD program, Partners in Education to provide educational and health related programs for the needy children in this underserved school. We also help provide uniforms and warm clothing for those children who need it. o Many physicians and staff have traveled to Haiti to help with Earthquake relief. We sent needed equipment with them to help the victims. o We have sent staff to a local school to do sight, hearing and scoliosis screening. o The tumor conference has done free skin and prostate screening for the community. o We have a school supply drive for needy children, a food drive for the food pantry and Christmas drive for Toys for Tots, Care Net, Friends for Life and Storybook Christmas. o These projects are in addition to our regular participation and sponsorship of health fairs, screenings, and mental health assessments. The target audience is the whole community as well as the underserved. o Our sponsorship and participation in various community endeavors includes March of Dimes, Alzheimer?s, Komen Race for the Cure as well as others. o Other partners include Compassion Ministries, Generations of Hope, CareNet Mission Waco, Salvation Army Standown and others.

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.

Joint Ventures: 1) FPSC II, LLC, 601 West Hwy 6, Suite 112, Waco,Tx 76710 2) Community Hospice of Texas, 6100 Western Place, Suite 500, Ft. Worth, Tx 76107