

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**
-2011-

Facility Identification (FID): 1452423	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Falls Community Hospital and Clinic **County:** Falls

Mailing Address: P O Box 60 , Marlin, Texas 76661

Physical Address if different from above: 322 Coleman Street, Marlin, TX 76661

Effective Date of the current policy: 4/1/2012

Date of Scheduled Revision of this policy: 4/1/2013

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: Falls Community Rural Health Clinic

Mailing Address: P O Box 60

Contact Person: Gary Gray Title: Patient Financial Counselor

Phone: (254) 803-3561 Fax: (254) 803-6908 E-Mail ggray@fallshospital.com

Person completing this form if different from above:

Name: Julie Butler Phone: (254) 803-3561

* 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 2010 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 provide hospital based financial aid for health care services rendered at Falls Community Hospital and clinic to qualified consumers in a timely, effective and dignified manner.

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

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

To provide a hospital financial program and payment resource to financially and medically indigent income eligible patients or guarantors, who meet the poverty guidelines issued by the US Department of Health and Human Services, and who have received, intends to receive, or currently receive care at Falls Community Hospital and Clinic. Qualified patients may receive financial assistance for inpatient, emergency room, outpatient clinic, routine lab and x-rays and Rural Health Clinic visits. Services excluded from the charity program include the radiologist charges for reading x-rays, all specialty services including Chiropractic, Physical Therapy, Psychiatric, Podiatry and Surgical services. It also includes coverage for patients that exhaust their Medicaid benefits. By virtue of its exemption from federal and state taxes and as part of the hospital’s mission to serve the health care needs of the community, Falls Community Hospital and Clinic will provide charity care to patients who do not have the financial means to pay for the hospital services. Charity care results from services provided to individuals who are unable to pay. A charity patient is a person who is determined to be unable to pay for medical care or a person who exhausts personal resources and third party coverage. To receive charity benefits patients must be approved through an application process. There will be a \$20.00 co-pay on each patient visit payable at time of service. Any patient that cannot pay their co-pay at the time of service will be sent the PA or NP to receive an appropriate medical screening. Charity is the un-reimbursed cost to a hospital of providing funding or otherwise financially supporting health care services on an inpatient and outpatient basis to a person classified as financially or medically indigent. The provision of Charity Care is an established, ongoing practice at Falls Community Hospital and Clinic. The opportunity to apply for financial assistance for patients unable to pay for health care in this hospital is available and publicized. It is posted in the local newspaper at least annually and is posted near the admission desks of the hospital and clinics.

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 0

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**.

If the remaining balance after all third party payor payments are received, exceed 40% of the gross annual income and the patient is unable to pay the bill, he/she may qualify as medically indigent and be eligible for the charity program. A copy of medica

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.

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?

1 day

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 for 6 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).

Services excluded from the charity program include the radiologist charges for reading x-rays, all specialty services including Chiropractic, Physical Therapy, Psychiatric, Podiatry and Surgical services.

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).

Falls County Healthfair. This is an event hosted by the hospital where we provide free complete cholesterol screenings and nutrition education to help improve the diets of our community in an effort to decrease obesity. We also offer free PSA blood testing and glucose screening at the healthfair and provide education on the benefits of preventive testing. For our pediatrics we offer an immunization clinic and provide Texas Health Step exams to Medicaid recipients.

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.