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): 150310	(Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Bellville General Hospital **County:** Austin

Mailing Address: 44 N. Cummings, Bellville TX 77418

Physical Address if different from above: _____

Effective Date of the current policy: 3/24/2011

Date of Scheduled Revision of this policy: 3/24/2012

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: 44 N. Cummings, Bellville TX 77418

Contact Person: Jan Walker Title: Comptroller

Phone: (979) 413-7138 Fax: (979) 413-7190 E-Mail jwalker@bellvillehospital.com

Person completing this form if different from above:

Name: Marleen Gregory Phone: (979) 413-7128

* 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.

Hospital shall contribute appropriate resources, advocacy and community support to promote the health status of the community, which it serves, within its economic ability to do so.

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

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

Charity care will be provided to patients with a demonstrated inability to pay.

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**.

A medically indigent patient is a person whose medical or hospital bills after payment by third-party payers exceed a specific percentage of the person?s annual gross income as set forth in this policy and who is unable to pay the remaining bill. The Hos

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?
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 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).

Physician Fees; medically necessity

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 Fairs and Flu Clinics - Communities in Sealy and Bellville - Look alike - Sound Alike Household hazardous materials look to similiar food. Health fairs check cholestral, blood sugar, and hemaglobin. Flu clinics are provided throughout the area during Oct and Nov for all ages as a convenience to families and individuals. Education - Safe Sitter Programs offered to 11-13 year olders; provides instructions on what to do in an emergency situation for those wanting to be a baby sitter. A child safety seat checkup event was held in Bellville on March 28th. 32 child safety seat inspections were conducted. It was a partnership between Texas AgriLife Extension Service Austin County, the Child Fatality Review Board of Colorado, Austin and Waller Counties, the Texas Department of State Health Services and the Texas AgriLife Extension Service Passenger Safety Project in cooperation with the Texas Department of Transportation. The proper use of child safety seats for the reduction in the risk of injury and death for child age 0 to 7; new seats distributed and seat misuse corrected. Safety Day for 3rd Graders - covering a variety of topics i.e. water safety, gun safety, snake and horse safety, electrical safety. Shatter Dreams - High School seniors in a community wide participation by EMS, Fire, Police, State Police, CERT and Hospital in a simulated drunk driving accident. Students experience effects of bad judgments on family, friends and themselves. Emergency Drills with SETRAC - Simulated shooting at high school.

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.