### 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-

<table>
<thead>
<tr>
<th>Facility Identification (FID):</th>
<th>939090 (Enter 7-digit FID# from attached hospital listing)***</th>
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</table>

**Name of Hospital:** Comanche County Medical Center Company  
**County:** Comanche  
**Mailing Address:** 10201 Highway 16 North; Comanche, TX 76442  
**Physical Address if different from above:** ________________________________

**Effective Date of the current policy:** 1/1/2011  
**Date of Scheduled Revision of this policy:** 3/27/2012  
**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:** CCMC Business Office  
**Mailing Address:** 10201 Highway 16 North; Comanche, TX 76442  
**Contact Person:** Kim Kniskern  
**Title:** Revenue Cycle Director  
**Phone:** (254) 879-4900  
**Fax:** (254) 879-4990  
**E-Mail:** kkniskern@comanchecmc.com

**Person completing this form if different from above:**  
**Name:** Kevin Storey, CEO  
**Phone:** (254) 879-4900

* 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.
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, Comanche County Medical Center will provide charity care to patients without financial means to pay for hospital services. It is the policy of CCMC to distinguish charity care from bad debt expense.

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 all patients who present themselves for care at Comanche County Medical Center without regard to race, creed, color, or national origin and who are classified as financially indigent or medically indigent according to the hospital's eligibility system.
   b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.
      □ 1. <100% □ 4. <200%
      □ 2. <133% □ 5. Other, specify 0
      □ 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 medical indigent patient is a person who's medical or hospital bills after payment by third party payers exceed a specified percentage of the person's annual gross income as set forth in this policy and who is unable to pay the remaining bill. To be e
   e. Does your hospital use an Assets test to determine eligibility for charity care?
      ☑ YES □ NO  If yes, please briefly summarize method.
      On our form we ask for any property or assets including their home with a countable value.
   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

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?
   15

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).

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).

Community Benefits: Community health fairs, wellness centers in both Comanche, TX and De Leon, TX, immunization clinics, cardiac rehabilitation and extension of clinic hours for primary care. Target population is everyone except for cardiac rehabilitation which the target is individuals with cardiac problems.

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.