

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**

| | | |
|---------------------------------------|---------|--|
| Facility Identification (FID): | 2192250 | (Enter 7-digit FID# from attached hospital listing)*** |
|---------------------------------------|---------|--|

Name of Hospital: Methodist Hospital Levelland dba: Covenant Hospital Levelland **County:** Hockley

Mailing Address: 1900 College Ave

Physical Address if different from above:

Effective Date of the current policy: 01/01/2013

Date of Scheduled Revision of this policy: 01/01/2015

How often do you revise your charity care policy? Annually Revisit and/or Revise

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department: Hospital Registration/Admitting

Mailing Address: 1900 College Ave Levelland, TX 79336

Contact Person: Norma Rubalcava Title: Admitting Director

Phone: (806) 894-4963 Fax: (806) 894-6461 E-Mail: norma.reyes@covlev.org

Person completing this form if different from above:

Name: Dedra A Moore Phone: (806) 894-4963

* 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 only available in PDF format at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2013 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.

St Joseph Health System (SJHS) hospitals serve all persons within each community where they are located. As a Values-based organization SJHS strives to provide healthcare services within an environment of dignity, respect, and compassion. Providing patients with financial assistance for healthcare is an essential element of fulfilling the SJHS mission. This policy defines the SJHS Financial Assistance Program, its criteria systems, and methods. The finance department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing recording and accounting treatment of transactions across all SJHS hospitals This includes the handling of patient accounting transactions in a manner that supports the mission and values of the SJHS

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 is defined as any necessary inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established eligibility in accordance with requirements contained in the SJHS Financial Assistance Policy. Depending upon individual patient eligibility financial assistance may be granted on a full or partial basis. Financial assistance may be denied when the patient or other responsible guarantor does not meet the SJHS Financial Assistance Policy requirements.

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%

100% Assistance=100%
to 175% FPG, Partial
Assistance=175% to
300% FPG

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**.

Medically Indigent Assistance is for household who are eligible for partial assistance.

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 _____ fax, mail, email
-

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, please 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? One to three days if all documentation is received

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 six 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).

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).

1. Storks Nest: Parenting Classes targeting first time pregnant women. 2. Fever Education: Educate new parents when to bring child to physician when fever reaches a designated level. Trying to prevent inappropriate visits to the ER 3. Dental Sealants: prevent cavities. Program for 3rd graders who reside in Hockley & Cochran counties. Exams will be done and if needed dental sealants will be applied. 4. Suicide Prevention: Raise awareness and to educate the public of possible signs of suicide 5. Quick Shot Clinic: patients can receive immunization or routine injections in a timely manner. 6. Weekend Clinic: extended hours clinic on the weekends targeting at working individuals who may not be able to see a doctor during normal working hours.

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.

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NOTE: This is the twelfth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512) 776-7261 or fax: (512) 776-7344 or E-mail: dwayne.collins@dshs.state.tx.us.

Name of Hospital: _____ City: _____
Phone _____
Contact Name: _____ : _____

Suggestions/questions: