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**
2015

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

Name of Hospital: Bellville St. Joseph Health Center
County: Austin

Mailing Address: P O Box 977, Bellville, TX 77418

Physical Address if different from above: 44 N Cummings St, Bellville, TX 77418

Effective Date of the current policy: 11/03/2014

Date of Scheduled Revision of this policy: 

How often do you revise your charity care policy? As needed

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

Name of the office/department: Patient Financial Services

Mailing Address: P O Box 977, Bellville, TX 77418

Contact Person: Janet Vacha
Title: PFS Representative

Phone: (979) 413-7155 Fax: (979) 413-7190 E-Mail jvacha@st-joseph.org

Person completing this form if different from above:

Name: Jan Walker
Phone: (979) 413-7138

* 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 2015 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 provides medically necessary health care to persons in support of the mission and values of reverence, service, and stewardship. Emergency medical care is provided, regardless of whether an individual is eligible for Financial Assistance.

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 determined based on guidelines as established by Chapter 61 of the Texas Health and Safety Code.

   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 ________________

   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 persons are persons who do not have health insurance and who are not eligible for other health care coverage, such as Medicaid, Medicare, or private health insurance.

   e. Does your hospital use an Assets test to determine eligibility for charity care?  

      ☑ YES   NO

      If yes, 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 ____________________________

3.  How does a patient request an application form? Check all that apply.

☑ 1. By telephone
☑ 2. In person
☑

3. Other, please specify ____________________________

3. Are charity care application forms available in places other than the hospital?

☑ YES   NO If, YES, please provide name and address of the place.

http://www.st-joseph.org/,
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 gov’t 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?

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). Only those services which are medically necessary and emergency medical care are available to charity care patients.

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).

Texas Am & M Agrilife Extension Office/Austin County and Dept. of State Health & Human Services are our main partners in presenting healthcare programs in Austin County. We also partner with the local school districts as well as churches and civic groups providing health screenings and speakers and programs on various issues relative to audiences (stroke signs, fall prevention, diabetes education, wellness for women, don't talk/text while driving, lifestyle changes, etc.).

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.
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

NOTE: This is the fourteenth 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: ____________________________
Contact Name: ______________________________ Phone: ____________________________

Suggestions/questions: