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): 1856309 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHI St. Joseph Health Grimes **County:** Grimes

Mailing Address: 210 Judson, Navasota TX 77868

Physical Address if different from above:

Effective Date of the current policy: 06/01/2007

Date of Scheduled Revision of this policy: 06/01/2016

How often do you revise your charity care policy? Revised every 3 years with Board or as needed

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

Name of the office/department: Conifer Patient Access - Admitting/Patient Registration

Mailing Address: 2801 Franciscan Drive, Bryan TX 77802

Contact Person: Catie Cowan Title: Director

Phone: (979) 731-5650 Fax: (979) 776-5649 E-Mail catiecowan@st-joseph.org

Person completing this form if different from above:

Name: Pam Braun Phone: (979) 821-7622

* 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.

As part of its mission, St. Joseph Regional Health Center provides care to patients without financial means to pay for hospital services. Charity care will be provided to all patients who present themselves for emergent or non-elective care at St. Joseph Regional Health Center without regard to race, creed, color, or national origin and who are classified as financially or medically indigent.

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 means the unreimbursed costs to the hospital of providing, funding, or otherwise financially supporting health care services to patients classified by the hospital as financially or medically indigent.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.
5

1. 100%
2. <133%
3. <150%
4. <200%
5. Other, specify See Comments Section

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 is a term used to describe individuals who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.s

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 By mail

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.

In the Rehab facility in Bryan and our rural hospitals including, Grimes St. Joseph Health Center in Navasota, Madisonville St. Joseph in Madisonville, Burleson St. Joseph in Caldwell, and Bellville St. Joseph in Bellville., See above

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 Property tax statement

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? 2

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 90 days pre and post application

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). Scheduled, non-emergent procedures (as determined by a physician) are eligible for the charity care process ONLY if approved by the Vice President of Medical Services or a member of hospital administration. Otherwise, the hospital works with the patient to secure coverage through other avenues.

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).

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.

Sec I, item 2b.: The following Charity discounts will be applied based on the federal poverty guidelines (FPG): Category Criteria Patient Responsibility FA Level 1 Any patient meeting criteria as established in Section 1 of this policy or whose Income < 100% FPIL Copays per visit as defined in SJHS Charity Matrix FA Level 2 Income > 101-125% Copays per visit as defined in SJHS Charity Matrix FA Level 3 Income > 126-150% Copays per visit as defined in SJHS Charity Matrix FA Level 4 Income > 151-175% Copays per visit as defined in SJHS Charity Matrix FA Level 5 Income > 176-200% Copays per visit as defined in SJHS Charity Matrix FA Level 6 Income > 201-250% Copays per visit as defined in SJHS Charity Matrix FA Level 7 Catastrophic Financial Assistance as defined in Paragraph 5 Copays per visit as defined in SJHS Charity Matrix Catastrophic Charity Patients whose annual income exceed the annual income guidelines to qualify for charity, but have a hospital bill greater than 50% of their annual income may qualify for catastrophic charity. The patient will be required to pay 20% of billed charges but not to exceed 20% of family income. The remainder of the bill will be written off to charity. Catastrophic Charity applies to a catastrophic hospital stay, not a culmination of several hospital visits over an extended period of time. Sec I, item 2c.: eligibility is based on gross income; however, persons are qualified for 100% charity if currently enrolled in the TDHHS Food Stamp Program, or the TANF Program. Sec I, item 3: No Financial Assistance application/form is required for patients qualifying based on the charity policy impoverished zip code guidelines.

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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: