

**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**

<b>Facility Identification (FID):</b> 250295 (Enter 7-digit FID# from attached hospital listing)***	
<b>Name of Hospital:</b>	CHRISTUS SPOHN HOSPITAL - BEEVILLE BEEVILLE County: BEE COUNTY
<b>Mailing Address:</b>	1500 E HOUSTON ST, BEEVILLE, TX 78102
<b>Physical Address if different from above:</b>	_____
<b>Effective Date of the current policy:</b>	09/01/2014
<b>Date of Scheduled Revision of this policy:</b>	09/01/2017
<b>How often do you revise your charity care policy?</b>	3 YEARS

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

Name of the office/department: PATIENT ACCESS DEPARTMENT

Mailing Address: 1500 E HOUSTON ST, BEEVILLE, TX 78102

Contact Person: ERMA RODRIGUEZ Title: PATIENT ACCESS REPRESENTATIVE  
erma.rodriquez@christusheal

Phone: (361) 354-2038 Fax: (361) 354-2175 E-Mail th.org

Person completing this form if different from above:

Name: REYAAN ALI Phone: (361) 881-3627

\* 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](http://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/](http://www.dshs.state.tx.us/chs/hosp/).

**I. Charity Care Policy:**

1. Include your hospital’s Charity Care Mission statement in the space below.

To provide services in keepin with the Mission, Vision, and core Values of CHRISTUS Spohn Health System, each facility will provide charity care services in a manner that respects the dignity of the patients and their families.

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 by the State of Texas as the un-reimbursed (or unpaid) costs of providing, funding, or otherwise financially supporting services on an inpatient or outpatient basis to a person classified by the healthcare center as financially or medically indigent. Classification may occur before, during, or after services have been provided.

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

4

- 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 shall mean the patient whose medical or hospital bills after payment by third-party payers exceeds 25% of the person’s annual gross income and who is financially unable to pay the remaining bill. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include the residual amount, net of third party payer payment, from catastrophic medical expenses which exceeds 25% of the patient’s annual gross income. (This is frequently referred to as ‘Catastrophic Free Care’.)

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, 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

<http://www.dshs.state.tx.us/chs/hosp/>

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? 2  
WEEKS

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). COSMETIC PROCEDURES

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).

CHRISTUS Spohn Health System is committed to improving the health of the communities we are privileged to serve. We work closely with the community to ensure that the needs are identified, prioritized and incorporated into our Community Benefit planning and implementation. We actively fulfill our mission of extending the healing ministry of Jesus Christ by supporting a wide range of community building health services with special attention to the health status of low income, uninsured and underserved populations. CHRISTUS Spohn provides ongoing Health Professionals Educational opportunities with two Medical Residency programs, Emergency and Family Medicine, a Clinical Pastoral Education program for Hospital Chaplains, clinical training sites for Nursing, Pharmacy, Laboratory, Radiology and other Allied Health Services with DelMar College, Texas A&M University Corpus Christi and Kingsville, as well as, supporting several High School Health Science Technology programs in the Coastal Bend, Moody, Tuloso-Midway, Flour Bluff, Calallen, Bishop, Alice, and Academy and King (Kingsville) High Schools. The CHRISTUS Spohn CareVan is a mobile clinic that partners with Churches, Holy Cross, St. Paul the Apostle, our Lady Star of the Sea, and First United Methodist Church in Taft and Community Centers, San Patricio Health Department and Bishop Community Center to deliver OB and Women's Services for uninsured and underserved women in South Texas. These services include annual wellness exams, prenatal care, Pap Smears, laboratory and ultra-sound testing and referrals for free Mammograms. In addition to Women's Services, the CareVan and staff provide health screenings, laboratory testing, immunizations, education, counseling, assistance with navigating the often complicated health system and identifying access to primary care clinics for vulnerable and underserved populations in the community. These community services are provided in partnership with several churches; Christ the King, Solid Rock, Holy Cross, Holy Family, First United Methodist Churches and Wesley Nurses; Tri County Christian Services, Mission of Mercy Mobile Clinic, Veteran's Administration, Amistad Community Health Center, Coastal Bend Health Education Center; and several shelters in the area, Mother Teresa Shelter, Mission 911, Good Samaritan Rescue Mission, Metro Ministries, Weaver's of Love, and Salvation Army. These immunizations, preventative testing and wellness care assists with early detection of more serious illness, identifies access to care, and helps to build a healthier community.

### **Additional Information:**

<http://www.dshs.state.tx.us/chs/hosp/>

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.

MARJORIE CHAVEZ DIRECTOR OF MISSION SERVICES



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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](mailto:dwayne.collins@dshs.state.tx.us).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**