

**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):** 391525 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Brazosport Regional Health System **County:** Brazoria

**Mailing Address:** 100 Medical Dr. Lake Jackson, Tx 77566

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 11/18/2015

**Date of Scheduled Revision of this policy:** 06/22/2016

**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: 197 Abner Jackson, Lake Jackson, TX 77566

Contact Person: Mike Mozola Title: Director PFS

Phone: (979) 415-2212 Fax: (979) 285-1730 E-Mail mike.mozola@brhstx.org

Person completing this form if different from above:

Name: Chuck Jeffress Phone: (979) 285-1802

\* 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/).

<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.

As part of its commitment to serve the community, Brazosport Regional Health System (BRHS) provides financial assistance in the form of charitable care to citizens who are financially indigent or with limited income, and satisfy certain requirements. It is the purpose of this policy to delineate how BRHS will meet its obligation to provide charitable health related services to the citizens in its service area.

2. Provide the following information regarding your hospital’s current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

I. DEFINITIONS  $\zeta$ Annual Household Income $\zeta$  includes, in the case of an adult, the total annual gross income or estimated annual gross income of the patient and the patient $\zeta$ s spouse, and in the case of a minor, the annual gross income of the patient $\zeta$ s father and mother, regardless of whether the father and mother live in the same home.  $\zeta$ Financially Indigent $\zeta$  defines an individual who is a member of a Household with Annual Household Income of not more than 400% of FPG.  $\zeta$ FPG $\zeta$  is the Federal Poverty Income Guidelines published from time-to-time by the U. S. Department of Health and Human Services, and in effect at the date of application for financial assistance, or renewal of financial assistance.  $\zeta$ Household $\zeta$  includes, in the case of an adult, the patient, the patient $\zeta$ s spouse and patient $\zeta$ s dependents (as defined in the Internal Revenue Code), and in the case of a minor, the patient, the patient $\zeta$ s father, the patient $\zeta$ s mother, regardless of whether the father and mother live in the same home, and dependents of the patient $\zeta$ s father and dependents of the patients mother.  $\zeta$ Medically Necessary $\zeta$  services are those hospital and/or Home Health services for a health condition, which, if not properly treated, would lead to a serious adverse change in an individual $\zeta$ s health status and are in accordance with accepted standards of medical practice, as determined by a BRHS service provider.  $\zeta$ Permanent Resident $\zeta$  is an individual who has established and maintained residency within a BRHS Provider Service Area for a period of at least six (6) months immediately prior to submitting an application for financial assistance.  $\zeta$ BRHS Provider Service Area $\zeta$  The Hospital $\zeta$ s primary service area includes Lake Jackson 77566, Brazoria 77422, Freeport and Surfside 77541, Clute and Richwood 77531, and West Columbia 77486. A patient must be a Permanent Resident in order to be eligible to receive financial assistance under this Policy.  $\zeta$ Policy $\zeta$  is this BRHS Financial Assistance Policy, as in effect at the date of application for financial assistance, or renewal of financial assistance.  $\zeta$ Brazosport Regional Health System or BRHS is the name under which The Community Hospital of Brazosport operates.  $\zeta$ Uninsured (or Under-insured) Patient $\zeta$  receiving other qualifying services, is an individual who is not enrolled in a private medical insurance plan or any federal, state or local medical assistance program, or whose private insurance plan provides limited benefits and coverage, or whose private insurance benefits have been exhausted.

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

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- |          |                   |                       |
|----------|-------------------|-----------------------|
| 1. 100%  | 4. <200%          |                       |
| 2. <133% | 5. Other, specify | <u>less than 400%</u> |
| 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**.

It is the policy of BRHS to promote the health and well being of the people in the Hospital service area. BRHS will provide medically necessary health care services to members of the Hospital service area who are unable to pay for such services. The Charity Care Policy provides guidelines for Financial Assistance based on financial need to self pay patients receiving emergency and other non-elective services for medical conditions that would cause patients harm without immediate attention. Assistance may range from full write-off to discounted care. It is the policy of BRHS to promote the health and well being of the people in the Hospital service area. BRHS will provide medically necessary health care services to members of the Hospital service area who are unable to pay for such services. The Charity Care Policy provides guidelines for Financial Assistance based on financial need to self pay patients receiving emergency and other non-elective services for medical conditions that would cause patients harm without immediate attention. Assistance may range from full write-off to discounted care.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 \_\_\_\_\_

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.  
Business Office, 194 Abner Jackson, Lake Jackson, TX 77566

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 medically necessary hospital inpatient and outpatient services may qualify for financial assistance under this policy.

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. Availability of doctors: Increase physician availability, lower waiting time, increase doctors who take hospital call, increase the supply of primary care; We are recruiting primary care physicians, and physician extenders. 2. Diabetes: Large diabetic population; Section 1115 waiver project to follow and teach diabetic patients; Expanded diabetic education classes.

**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 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:**