

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**
2018

Facility Identification (FID): 2153723 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Knapp Medical Center **County:** Hidalgo

Mailing Address: 1401 E 8th St Weslaco, TX 78596

Physical Address if different from above: _____

Effective Date of the current policy: 05/01/2018

Date of Scheduled Revision of this policy: 06/01/2019

How often do you revise your charity care policy? annually

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

Name of the office/department: Centralized Business Office

Mailing Address: 1401 E 8th St Weslaco, TX 78596

Contact Person: Olivia Carrasco Title: Insurance Supervisor

Phone: (956) 969-5141 Fax: _____ E-Mail: ocarrasco@primehealthcare.com

Person completing this form if different from above:

Name: Elizabeth Candanoza Phone: (956) 969-5103

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.texas.gov/chs/hosp under 2018 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.texas.gov/chs/hosp/.

I. Charity Care Policy:

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

A significant objective of Prime Healthcare Non-Profit Facilities is to provide care for patients in times of need. Prime Healthcare Non-Profit Facilities provide charity care and a discounted payment program as a benefit to the communities we serve as not-for-profit hospitals. To this end, Prime Healthcare Non-Profit Facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care.

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

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

Amounts Generally Billed: The amounts generally billed (AGB) for emergency or other medically necessary services to individuals eligible for the discounted payment program. The Hospital calculates the AGB for a patient using the prospective method as defined in the Treasury Regulations. Under the prospective method, AGB is calculated using the billing and coding process the Hospital would use if the individual were a Medicare fee-for-service beneficiary using the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services. Emergency and Medically Necessary: Any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience. Extraordinary Collection Actions: An Extraordinary Collection Action means any collection action involving certain sales of debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual’s nonpayment of one or more bills for previously provided care covered under the hospital’s Financial Assistance Policy, or any action requiring a legal or judicial process, including placing a lien, foreclosing on real property, attaching or seizing of bank accounts or other personal property, commencing a civil action against an individual, taking actions that cause an individual’s arrest, taking actions that cause an individual to be subject to body attachment, and garnishing wages, in each case as further described in Treasury Regulations Section 1.501(r)-6. Family: (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative. Financially indigent: A financial indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the Hospital’s eligibility criteria set forth in this policy. Medically Indigent: A medically indigent patient is a person whose medical or hospital bills, after payment by third-party payors, exceed a specified percentage of the patient’s annual gross income, determined in accordance with the Hospital’s eligibility criteria set forth in this policy, and the person is financially unable to pay the remaining bill. Plain Language Summary: The summary of the Financial Assistance Policy attached hereto as Exhibit 2, intended to comply with Treasury Regulations Section 1.501(r)-1(b)(24).

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

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- 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: A medically indigent patient is a person whose medical or hospital bills, after payment by third-party payors, exceed a specified percentage of the patients annual gross income, determined in accordance with the Hospital's eligibility criteria set forth in this policy, and the person is financially unable to pay the remaining bill.

- e. Does your hospital use an Assets test to determine eligibility for charity care?
 YES NO If yes, please briefly summarize method. A patient qualifies for charity care as described in Section (III)2 below if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, Knapp Medical Center | 1401 E. Eighth Street | Weslaco, TX 78596 | www.knappmed.org Tel (956) 968-8567 health care service plan, union trust plan, Medicare, or Medicaid, or is underinsured, as determined and documented by the hospital; (2) the patients injury is not a compensable injury for purposes of workers compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the income of the Patients Family does not exceed two hundred percent (200%) of the current Federal Poverty Level; and (4) the patient has monetary assets of less than ten thousand dollars (\$10,000.00).
- 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 All adults family members
- 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 www.knappmed.org

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
- 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 up to 240 days after discharge statement

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? 31

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.
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).

Since September 2009, Knapp Medical Center has distributed 685 infant and booster seats to indigent families (including 268 during 2018). To be eligible for a car seat, the parent must receive training on proper car seat installation and how to correctly fit child harnesses. Childbirth Education Classes are held for expectant parents, and each year Knapp Medical Center serves as an inspection station for the Safe Riders car seat inspection program. As part of the program, Knapp offers local parents the opportunity to have car seats they own inspected. If an inspected car seat is found to be damaged or on a recall list, parents are provided a new car seat free of charge. In 2018, Knapp Medical Center staff inspected 29 car seats, replacing 26 of them free-of-charge (this in addition to the 268 infant and booster seats mentioned above). To help promote breast cancer awareness and the importance that early detection plays in the fight against breast cancer, Knapp Medical Center held a free luncheon for local women, with a talk on breast cancer prevention by a local nurse practitioner, in October 2018. During the months of June and July in 2018, Knapp Medical Center sponsored two Family Fun, Fitness & Film events at Weslaco City Park. During the events, local residents are encouraged to come out to the park and walk the track in an effort to improve their fitness and quality of life. More than 300 local residents participated in these events. The Knapp Volunteer Program assists students needing volunteer hours to gain volunteer experience in a healthcare setting and for older adults who need to feel a sense of purpose. In addition, the Knapp Medical Center Volunteer Auxiliary provides a culturally-sensitive chart for dieticians to use in teaching diabetes and renal failure patients about portion control and meal planning. The chart uses visual cues to food choices rather than words. The charts provide a valuable educational resource, especially for the area's Hispanic population which is at greater risk for developing diabetes.

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 eighteen 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.texas.gov.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: