

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

Name of Hospital: Bellville Medical Center **County:** AUSTIN

Mailing Address: _____

Physical Address if different from above: _____

Effective Date of the current policy: _____

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? _____

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

Name of the office/department: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-Mail _____

Person completing this form if different from above:

Name: _____ Phone: _____

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.

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 cost 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.

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- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify </= 300%

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.

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

YES NO If yes, please briefly summarize method. Assets taken into account for gross income are: a) Any money in a checking or savings accounts(s), b) Any property other than the homestead, c) Any income producing property.

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.
CHI St. Joseph Bellville, 44 North Cummings St; Bellville, TX 77418

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 Any amounts greater than \$35.00

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 Six months from approval date

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). 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).

Community Benefit Projects/Activities The CHI St. Joseph Health community benefit program encompasses health and wellness services it provides to patients meeting qualifications of its charity care policy or government-sponsored indigent health care programs. Current projects, which CHI SJH provides for little or no compensation, include community-based health screenings, education, awareness and prevention programs and initiatives designed to improve access to primary care providers.

1. Diabetes Description CHI St. Joseph Health continues to increase education opportunities in the counties identified as having the highest diabetes-related mortality and morbidity rates and to improve diabetes education referral processes. Target Population Residents of Brazos, Grimes and Austin counties
2. Access to and Availability of Healthy Foods Description CHI St. Joseph Health encourages communities to promote efforts to provide fruits and vegetables in a variety of settings and encourages the establishment and use of direct-to-consumer marketing outlets such as farmers' markets and community gardens. Target Population Rural residents, including those in Leon County who drive an average of 30 miles to purchase groceries, as well as low-income families in Brazos County.
3. Violence Prevention Description As a healthcare provider, CHI St. Joseph Health will always care for victims of violence. The health system seeks to move beyond treatment and intervention and focus efforts on prevention by collaborating and partnering with local agencies to increase prevention and treatment resources in the area of family/domestic violence as it relates to violent crime. Target Population Residents of Brazos County, which had the highest average count of violent crime.
4. Injury Prevention Description CHI St. Joseph Health seeks to increase injury prevention education, awareness and collaboration with other agencies to expand programs/outreach. Target Population Throughout the CHI St. Joseph Health service area, with emphasis on counties with the highest unintentional injury (Burleson, Leon and Madison) and motor vehicle death rates (Austin, Brazos, Burleson, Grimes, Leon, Madison and Robertson).
5. Special Events Description Across the Brazos Valley, CHI St. Joseph Health facilities support special health and wellness events in the community. Target populations Residents of the seven-county Brazos Valley region participated in special health and wellness events.
6. Other Educational and Awareness Opportunities Description Free educational seminars and events are offered to the community-at-large and are provided on areas of need identified by the health status assessment, as well as prevention and rehabilitation for a variety of health issues. Target Population Residents of the seven-county Brazos Valley area received education.
7. Health Professions Education Description Educational opportunities for certain health professions are provided through several CHI St. Joseph Health facilities, in collaboration with area college campuses and their specific health and medical education departments. Target Population First, second, and third year residents in medicine; physician assistants, nurse practitioners, nursing, EMS, radiology, physical therapy assistants, pharmacy students and others accessed education in CHI St. Joseph Health facilities.

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 eighteenth 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: