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**
2019

Facility Identification (FID):   510506   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHI St. Joseph Health Burleson Hospital   **County:**   BURLESON

Mailing Address: "P.O. Box 360 Caldwell, TX 77836"

Physical Address if different from above: "1101 Woodson Dr Caldwell, TX 77836"

Effective Date of the current policy: 3/14/2012

Date of Scheduled Revision of this policy:

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 Services

Mailing Address: "2801 Franciscan Drive Bryan, TX 77802"

Primary Contact: Shannon Martel   Primary Title: Accountant III

Primary Phone: (979) 485-5111   Primary Fax: (979) 821-7601

Person completing this form if different from above:

Name: Catie Cowen   Title: Director

Phone: (979) 731-5650   Fax: (979) 776-5649

Second Person completing this form if different from above:

Name: Shannon Martel   Title: (979) 485-5111

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 2019 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.

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%   4. <200%

   2. <133%   ☑   5. Other, specify   =/<300%

   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**.

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 checking or savings account(s), certificates of deposits, stocks and/or bonds, IRAs or retirement accounts. 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

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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",

    d. Is the application form available in language(s) other than English?

      ☑ YES   NO

      If yes, please check

3

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

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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).
 Sent in separately

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.

DSHS/CHS/ASCBS-Part II//2-2020/Form# F25-11047   http://www.dshs.texas.gov/chs/hosp/

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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: