

**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\*\***  
**2020**

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

**Name of Hospital:** CHI St. Luke's Health Brazosport **County:** Brazoria

**Mailing Address:** 100 Medical Drive, Lake Jackson, Tx 77566

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

**Effective Date of the current policy:** 03/14/2019

**Date of Scheduled Revision of this policy:** 07/31/2021

**How often do you revise your charity care policy?** 3 years

**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: Charles Jeffress Title: CFO

Phone: (979) 285-1802 Fax: (979) 297-6905

Person completing this form if different from above:

Name: Jacob Simpson Phone: Manager

\*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: <https://www.dshs.texas.gov/chs/hosp/hosp3.aspx> under 2020 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: <https://www.dshs.texas.gov/chs/hosp/default.shtm>.

**I. Charity Care Policy:**

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

**POLICY** It is the policy of Catholic Health Initiatives (CHI), its tax-exempt Direct Affiliates<sup>1</sup> and tax-exempt Subsidiaries<sup>2</sup> which Operate a Hospital Facility [collectively referred to as CHI Hospital Organization(s)] to provide, without discrimination Emergency and other Medically Necessary Care (herein referred to as EMCare) in CHI Hospital Facilities to all patients, without regard to a patient's financial ability to pay. **PRINCIPLES** As Catholic health care providers and tax-exempt organizations, CHI Hospital Organization(s) are called to meet the needs of patients and others who seek care, regardless of their financial abilities to pay for services provided. The following principles are consistent with CHI's mission to deliver compassionate, high-quality, affordable healthcare services and to advocate for those who are poor and vulnerable. CHI Hospital Organizations strive to ensure that the financial ability of people who need health care services does not prevent them from seeking or receiving care. **Emergency Care** - CHI Hospital Organizations will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance in CHI Hospital Facilities. **Other Medically Necessary Care** - CHI Hospital Organizations are committed to providing Financial Assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for non-emergent Medically Necessary Care provided in CHI Hospital Facilities.

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

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

Financial Assistance means assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Financial Assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.  
5

- |          |   |
|----------|---|
| 1. 100%  | 4. <200%  |
| 2. <133% | <input checked="" type="checkbox"/> 5. Other, specify <u>At or below 300%</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**.

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.

Patient Financial Services, 197 Abner Jackson, Lake Jackson, TX 77566

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

YES NO

If yes, please check

## 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. Paycheck 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? 7 days

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).

CANCER is 2015 Significant Need; #2 leading causes of death, higher than state and national averages; Mammography screenings worse than state and national averages Public comments received on previously adopted implementation strategy: I think the purchase of a new scanner will be very beneficial to so many of our citizens that will not have to go to Houston. I most people that I hear of with cancer end up in Houston or give up on trying to defeat it. Seems that it would be beneficial to tell about local capabilities and options. I am excited about the free screening services. Are there any partnership efforts with the local VA center? I Too few resources devoted to awareness and screening activities. I Own cancer center with medical and radiation oncologists St. Luke's Brazosport's services, programs, and resources available to respond to this need include:33 I Accredited mammography I Started outreach process to aid mammography compliance I Mermaid Fund provided for low income patients I Mobile PET Scanner I Full service cancer center on-site I Cancer survivor support group available I Access to surgical oncology program through Baylor College of Medicine I Colonoscopy on-site provided I Participate in Relay for Life I Partner with Brazosport College for the Women's Conference annually Additionally, St. Luke's Brazosport plans to take the following steps to address this need: I Expanding partnership with the Dan Duncan Cancer Center (Baylor School of Medicine) I Education on resources available (clinical, funding, etc.) through the facility I Adding and utilizing an additional CT scanner

**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 twentieth 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](mailto:dwayne.collins@dshs.texas.gov).

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

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

**Suggestions/questions:**