| `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** |
| 2022 |

Facility Identification (FID):   736304   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHRISTUS Mother Frances Hospital - Jacksonville   **County:**   Cherokee

Mailing Address: 2026 S Jackson St., Jacksonville, TX 75766

Physical Address if different from above:

Effective Date of the current policy: 07/01/2021

Date of Scheduled Revision of this policy:

How often do you revise your charity care policy?   as changes occur

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

Name of the office/department: Christus TMF ASB/Financial Assistance Department

Mailing Address: P O Box 6997, Tyler TX 75710

Contact Person: Sherry Franklin   Title: Supervisor

Phone: (903) 606-5044   Fax: (903) 606-4441

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 2022 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: http://www.dshs.texas.gov/chs/hosp/

I. Charity Care Policy:

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

To extend the healing ministry of Jesus Christ.

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

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

CHRISTUS Hospitals are committed to minimizing the financial barriers to health care, especially to those who are economically poor and underserved and to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and Values as a ministry of the Catholic Church, CHRISTUS Hospitals will provide financial assistance to patients who qualify pursuant to this Policy. CHRISTUS hospitals provide, without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

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 400
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 per our Christus policy ¿ Any patient whose gross family income is at or below 300 % of the FPL will be extended a full 100% charity care discount for any uninsured Balance or Balance after Insurance on patient responsibility for covered services prior to the application of the Uninsured Discount , if applicable. Any patient whose gross family income is more than 300% and less than 401% of the FPL will be extended a partial charity care discount for any Uninsured Balance or Balance after Insurance wherein a patient cannot be held responsible for any balance generated as a result of gross charges for the patient¿s care that exceed the AGB. Any patient whose balance, which could include Balance After Insurance, exceeds 10% of the patients gross family income will be provided a full 100% charity care discount for the balance in excess of 10% of the patient¿s gross family income.

    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   Web-Portal _____

        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 and Online, https://www.christushealth.org/patient-resources/financial-assistance

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

        ☑ YES   NO

        If yes, please check

        Spanish ☑ 1 Other, please specify _____

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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   Hardship - discount for balance in excess of 10% of the patients gross family income.

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? Goal is 10 business days from date a completed application is provided.

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). Obstetrics, Plastic/Cosmetic, Radiology, Psychiatry, Bariatric

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).

A. Behavioral Health: 1. Grant ¿ Elijah Retreat. This organization offers special needs children ages 3-12 to participate in various activities. This grant was awarded to help provide support to build new family cabins to benefit mission to nurture attach

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 twenty-second 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: