

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**
2024**

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

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

Mailing Address: P.O. Box 1110 Weslaco, TX 78599

Physical Address if different from above: 1401 E 8th St Weslaco, TX 78596

Effective Date of the current policy: 12/1/2023

Date of Scheduled Revision of this policy: 01/01/2025

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: Southern Centralized Business Office

Mailing Address: 1401 East 8th Street, Weslaco, TX 78596

Contact Person: Griselda Martinez Title: Director of Business Office

Phone: (956)291-1762 Fax: (956)291-1701

Person completing this form if different from above:

Name: Elizabeth Candanoza Phone: (956)973-5103

*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 2024 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.

A significant objective of Prime Healthcare nonprofit facilities is to provide care for patients in times of need. Prime Healthcare nonprofit facilities provide Charity Care and a Discount Payment Program as a benefit to the communities we serve. To this end, Prime Healthcare 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 (ABG) 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.

Financial assistance program for those patients who meet the eligibility.

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

5

1. 100%

2. <133%

3. <150%

4. <200%

5.

Other, between 201% and specify 450%

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**.

A person whose medical or hospital bills after payment by third-party payors exceed 10% of the patient's annual gross income, and patient's household income is between 201% and 450% of the FPL.

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

YES NO If yes, please briefly summarize method. Patient qualifies for charity if they have monetary assets of less than ten thousand dollars(\$10,000) in addition to meeting three other conditions.

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 Adult 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 _____ available online as well

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 1 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. 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? 30

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). Knapp Medical Center has three priorities when it comes to benefiting the community, the first being able to Improve Access to primary care services & Specialists. This initiative is aimed to increase the number of primary care physicians and specialists in the Mid-Valley area. It includes expanding residency programs, hiring new specialists, and investing in surgical technology. The program also fosters partnerships with physician groups to strengthen service access. This program targets uninsured or underinsured individuals and older adults in healthcare shortage areas. The second prioritized need is to Improve Education and services around Chronic Diseases, this program includes senior health talks, Doc talks, and community health fairs focusing on topics like diabetes, heart disease, stroke, and cancer. Educational content is shared via live events, social media, and in hospital TV screens. This initiative also supports preventive care through public lectures, screenings, and wellness campaigns. This program will target Seniors, underserved populations, and those at risk for chronic illnesses in the Mid-Valley. Our third and last prioritized need for the community is to address the shortage of Healthcare workers/ Foster Educational and health initiatives. Knapp Medical Center has launched a new nursing school in 2023 to train future registered nurses through an 18-month clinical program. The school addresses regional shortages by preparing nurses to deliver high quality care in the Mid-Valley. This program targets aspiring nurses and healthcare students in underserved areas. Aims to increase the supply of qualified clinical staff to improve patient access and health outcomes. Strengthens the local healthcare workforce pipeline for long term sustainability.

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-third 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: