

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): 410500 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHI St. Joseph Health Regional Hospital **County:** Brazos

Mailing Address: 2801 Franciscan Drive Bryan, TX 77802

Physical Address if different from above: _____

Effective Date of the current policy: 7/1/2021

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 Financial Assistance Center

Mailing Address: P.O. Box 660872, Dallas, TX 75266-0872

Contact Person: Yolanda Lora Title: Supervisor

Phone: (515)401-4142 Fax: (714)937-2202

Person completing this form if different from above:

Name: Lisa Smith Phone: (832)494-7378

*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.

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 = / < 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 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) Bank or Checking account information evidencing the patient’s available resources (those convertible to cash and unnecessary for the patient’s daily living) b) Does not include retirement or deferred compensation.

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 email or 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 Navasota, Madisonville St. Joseph in Madisonville and in Burleson St. Joseph in Caldwell.,

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

YES NO

If yes, please check

Spanish 1 Other, please specify

Arabic, German, French, Hindi,
Hmong, Japanese, Korean,
Portuguese, Russian, Tagalog,
Vietnamese, Chinese

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 Policy is retrospective, but allows for a 6 month forward looking determination based on medically necessary services.

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 AGB Discount for patients between 201-400% FPL

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 Policy allows for 12 month retrospective review

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).

St. Joseph Health FY24 Executive Summary: Community Benefit Overview Reporting Period: July 1, 2023 to June 30, 2024

St. Joseph Health (SJH), a ministry of CommonSpirit Health, remains steadfast in its mission to serve the most vulnerable across the Greater Brazos Valley. The health system operates five hospitals: St. Joseph Health Regional, College Station, Burleson, Grimes, and Madison Hospitals. Together, they provide high-quality, compassionate care to a diverse, multi-county region. In FY24, SJH continued to implement a comprehensive Community Benefit Plan informed by its 2022 Community Health Needs Assessment (CHNA), which identified the following priority areas: ? Access to Care ? Chronic Disease ? Mental Health ? Preventive Practices

In alignment with these priorities, SJH delivered programs, partnerships, screenings, education, and financial assistance to underserved residents throughout the region. Community Health Improvement Grants (CHIG) Through the newly launched CommonSpirit Health Community Health Improvement Grants Program, SJH awarded more than \$135,000 to community-based nonprofits advancing CHNA-aligned strategies: ? Access to Care: Prenatal Clinic, The Rose (screenings), Twin City Mission, United Way's Ride2Health ? Chronic Disease: The Rose (ongoing treatment and access) ? Preventive Practices: Grimes County Health Resource Commission (Community Garden)

FY24 Highlights by Priority Area

Access to Care ? Health navigators supported patient access and resource coordination. ? Four Health Resource Centers (HRCs) provided referrals, transportation, utility assistance, and co-located services from local partners. ? The Brazos Healthy Communities Pathways initiative addressed risk factors among pregnant women and patients with chronic conditions. ? EMS teams delivered nearly 500 hours of standby event coverage across rural counties. Chronic Disease ? The Wellness for Diabetes program offered education and coaching to more than 100 residents. ? Staying the Course provided ongoing lifestyle support for healthy aging. ? HeartSmart outpatient rehab reduced readmissions for post-cardiac event patients. ? The Rose delivered breast health services to uninsured women across three counties. Mental Health ? The Senior Renewal Program offered outpatient behavioral health services at three rural hospitals. ? SJH partnered with Texas A&M's Behavioral Telehealth Clinic to provide virtual counseling. ? Community-based depression screenings increased awareness and early intervention. Preventive Practices ? Community health fairs delivered free screenings and immunizations across Brazos, Burleson, Grimes, and Madison Counties. ? Monthly New Parent Education courses provided evidence-based childbirth and infant care resources. ? 89 individuals completed CPR and First Aid certification training. ? CHIG-funded community garden improved nutrition and access in Grimes County. Health Professions Education ? More than 1,000 students from universities and training programs completed 45,000 hours of clinical rotations in SJH facilities. ? Partnerships included Texas A&M, UTMB, UT Tyler, and others ensuring a strong pipeline of future healthcare professionals.

FY24 Financial Summary (Select Highlights)

| Hospital | Total Community Benefit | % of Net Patient Revenue |
|-----------------|-------------------------|--------------------------|
| Burleson | \$966,714 | 7% |
| Madison | \$1,406,457 | 10% |
| Grimes | \$1,339,687 | 8% |
| College Station | \$22,616,423 | 30% |
| Bryan | \$145,597,698 | 50% |

These figures include charity care, government-sponsored indigent care, education, and subsidized health services. Reporting and Compliance In compliance with Texas Health and Safety Code §311.045, SJH will submit its FY24 Community Benefit Report and supplemental worksheet to the Texas Department of State Health Services. Public notices regarding the availability of this report and charity care policies will be posted in prominent locations throughout each hospital, in patient-facing materials, and in the local newspaper.

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: