

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

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

**Mailing Address:** P.O. Box 4253, MSC 675 Houston, TX 77210

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

**Effective Date of the current policy:** 05/01/2018

**Date of Scheduled Revision of this policy:** 06/01/2020

**How often do you revise your charity care policy?** As needed

**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: 2420 E Tyler Ave Harlingen, TX 78550

Contact Person: Elizabeth Candanoza Title: Sr Financial Analyst

Phone: (956) 973-5103 Fax: (956) 969-5581

Person completing this form if different from above:

Name: Griselda Martinez Phone: Director of Business Office

\*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.

A significant objective of Prime Healthcare Non-Profit Facilities is to provide care for patients in times of need. Prime Healthcare Non-Profit Facilities provide charity care and a discounted payment program as a benefit to the communities we serve as not-for-profit hospitals. To this end, Prime Healthcare Non-Profit 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 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.

Prime Healthcare Non-Profit Facilities, including Knapp Medical Center (the "Hospital"), offer a financial assistance program for those patients who meet the eligibility tests described below. The intent of this Financial Assistance Policy (the "Policy") is to satisfy the requirements of Section 501(r) of the Internal Revenue Code and Texas Health & Safety Code sections 311.031 to 311.048 and 324.101; all provisions should be interpreted accordingly.

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

4

1. 100%  4. <200%

2. <133%  5. Other, specify \_\_\_\_\_

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: A medically indigent patient is a person whose medical or hospital bills, after payment by third-party payors, exceed a specified percentage of the patient's annual gross income, determined in accordance with the Hospital's eligibility criteria set forth in this policy, and the person is financially unable to pay the remaining bill.

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 up to 240 days following the date of 1st post-discharge statement

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? 31

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). N/A

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).

Since September 2009, Knapp Medical Center has distributed 929 infant and booster seats to indigent families (including 57 car seats during 2020). To be eligible for a car seat, the parent must receive training on proper car seat installation and how to correctly fit child harnesses. Knapp offers this training free-of-charge, as well as free childbirth education classes for expectant parents. To promote wellness among seniors, Knapp Medical Center held a free senior health fair with free health screenings and healthcare information in Feb. 2020. Knapp also held a free health talk and luncheon on arthritis, in Jan. 2020. The Knapp Volunteer Program assists students needing volunteer hours to gain volunteer experience in a healthcare setting and for older adults who enjoy volunteering and feel a sense of purpose in doing so. In addition, the Knapp Medical Center Volunteer Auxiliary provides a culturally-sensitive chart for dieticians to use in teaching diabetes and renal failure patients about portion control and meal planning. The chart uses visual cues to food choices rather than words. The charts provide a valuable educational resource, especially for the area's Hispanic population which is at greater risk for developing diabetes.

**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. N/A

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

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

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

**Suggestions/questions:**