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): 2732160 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHRISTUS Spohn Hospital Kleberg **County:** Kleberg

Mailing Address: 1311 General Cavazos Blvd, Kingsville, TX 78363

Physical Address if different from above:

Effective Date of the current policy: 07/01/2020

Date of Scheduled Revision of this policy: 01/26/2021

How often do you revise your charity care policy? 2 years

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

Name of the office/department: Patient Access Department

Mailing Address: 1311 General Cavazos Blvd, Kingsville, TX 78363

Contact Person: Kathryn Babiak Title: Reg Dir Finance

Phone: (361) 881-3749 Fax: (361) 879-0978

Person completing this form if different from above:

Name: Erma Rodriguez Phone: Patient Access Representative

*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.

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 financials 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.

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 financials 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%
2. <133%
3. <150%
4. <200%
5. ☑ Other, specify 300%

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**.

Medical Indigent shall mean the patient whose medical or hospital bills after payment by third-party payers exceeds 10% the persons annual gross income and who is financially unable to pay the remaining bill. The patient who incurs catastrop medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include the residual amount, net of third party payer payment, from catastrophic medical expenses which exceeds 10% of the patien annual gross income. (This is frequently referred to as Catastrophic Free Care.)

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 Online

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.

online - web link below, 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 Vietnamese

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? 14 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). Cosmetic, Hitech Rule

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).

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 b your hospital (example: diabetes awareness). 1. The Care Van program provides free women¿s healthcare services to uninsured and underserved women throughout the Coastal Bend region. These services include: physical exams, pap smears, breast exams, STD testing and treatment, pregnancy testing, and prenatal care. Women who are receiving prenatal care through our CareVan are referred to community resources as needed for continued care. The target population is the uninsured and underserved women throughout the Coastal Bend region. The purpose is to address the need for women¿s care and access to care. 2. The Mission of Mercy Laboratory program is in collaboration with the Corpus Christi Mission of Mercy non-profit health clinic. Spohn completes all required laboratory needs (blood work) for any Mission of Mercy patient (that is referred to us) free of charge. The target population is the vulnerable and underserved community. The purpose is to increase access to care and decrease preventable hospitalizations. 3. The Community Health and Development department provides patients with access to one-on-one health education, navigation assistance, and clinical access assistance. These services are provided by certified Community Health Workers and Registered Nurses. The target population is the vulnerable and underserved community. The purpose is to assist our population in the self-management of chronic diseases, increase access to care, and decrease preventable hospitalizations. 4. The Coastal Bend Neighborhood Empowerment activity is a collaborative effort that is striving for the sustainable development and healthy outcomes of neighborhoods and communities based on the asset based community development principals. The target population is the vulnerable and underserved community. The purpose is to decrease preventable hospitalizations and participate in community planning.

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.

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

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.

Name of Hospital: ____________________ City: ____________________

Contact Name: ____________________ Phone: ____________________

Suggestions/questions: