

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**
-2011-

Facility Identification (FID): 1892840	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Methodist Hopsital Plainview DBA
Covenant Hospital Plainview **County:** Hale

Mailing Address: 2601 Dimmitt Road Plainview, Texas 79072

Physical Address if different from above: _____

Effective Date of the current policy: 1/1/2006

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? NA

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

Name of the office/department: Business Office

Mailing Address: 2601 Dimmitt Road Plainview, Texas 79072

Contact Person: Tina Crupe Title: Director of Business Services

Phone: (806) 296-4251 Fax: (806) 296-0218 E-Mail tina.crupe@stjoe.org

Person completing this form if different from above:

Name: Cassie Mogg Phone: (806) 291-3357

* 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 also available in Word or PDF formats at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2010 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: www.dshs.state.tx.us/chs/hosp/.

I. Charity Care Policy:

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

Standard Seven of the Values Standards and Key Indicators (2001) states: St. JJesus was a healer of persons who attended to spirit as well as body; therefore we minister to the needs of the whole person. Persons are created by a loving God and are therefore inherently good and worthy of respect. Like God, persons are relational and therefore need the support of others in the community. Scripture records God's special compassion for the poor, weak, and vulnerable; therefore we are called to this same compassion (A Vision of Value, 1986, Rev.1991). We believe that as a health service organization we have a social responsibility and moral obligation to make quality health services accessible to the medically poor. We further believe all persons have a right to an adequate level of health care and that the provision of helath care for those who require it is an obligation of justice as well as charity or mercy (A Vision of Value, 1986, Rev. 1991). Standard Seven of the Values Standards and Key Indicators (2001) states: St. Joseph Health System commits resources to improving the quality of life in the communities we serve, with special emphasis on the needs of the poor and under-served. Each SJHS hospital will demonstrate a commitment to Charity Care and will report it according to the St. Joseph Health System Patient Financial Assistance Policy.

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 is defined as any necessary inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established eligibility in accordance with requirements contained in the SJHS Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted on a full or partial basis. Financial assistance may be denied when the patient or other responsible guarantor does not meet the SJHS Financial Assistance Policy requirements.

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

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 1. <100% | <input type="checkbox"/> 4. <200% |
| <input type="checkbox"/> 2. <133% | <input checked="" type="checkbox"/> 5. Other, specify <u>1.75</u> |
| <input type="checkbox"/> 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**.

Persons who do not have health insurance and who are not eligible for other health care coverage.

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 _____

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 Other, 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. Pay check 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 govt 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?

Up To 15 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 6 Months

10. How does the hospital notify the patient about their eligibility for charity care?

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).

Wellness provides education and screening at Plainview ISD, Wayland Baptist University, YMCA, Austin Heights Community Center, City of Plainview, Wal-Mart Distribution, Cargill and several other local businesses. Diabetes Forum provides monthly diabetes education, awareness, and support for those with diabetes and their families and anyone interested in learning more about the disease. Prepared Childbirth Classes provide concepts of childbirth, pain management, breathing and relaxation techniques.

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.