

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): 2652135	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Peterson Regional Medical Center **County:** Kerr

Mailing Address: 551 Hill Country Drive, Kerrville, TX 78028

Physical Address if different from above: _____

Effective Date of the current policy: 2/8/2012

Date of Scheduled Revision of this policy: 2/8/2014

How often do you revise your charity care policy? every 24 months

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: 551 Hill Country Drive, Kerrville, TX 78028

Contact Person: Estella Arreguin Title: Patient Financial Coordinator

Phone: (830) 258-7687 Fax: (830) 258-7678 E-Mail earreguin@petersonrmc.com

Person completing this form if different from above:

Name: Rhonda Arhelger Phone: (830) 258-7422

* 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.

To establish a methodology for identifying patients who are uninsured or under insured and financially or medically indigent and who qualify for uncompensated 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.

Care provided to the uninsured, under insured, public third party coverage, financially indigent, medically indigent and expired.

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

- 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**.

A person whose medical and hospital bills, after payment by third-party payers, exceeds fifty percent of the person's annual gross income and is unable to pay remaining bill.

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 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.

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?
On average, within one week of receiving all of the requested information.
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 Per income tax year due date
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).

PRMC sponsors and coordinates nearly 50 annual community events, discounted medical or vaccine clinics, and education seminars targeting the entire regional population. Our endeavors benefit the community across the board offering assistance to every age group, ethnicity, or economic level in a nine county area. Currently we are coordinating/hosting the following community events: 1) Hard Hats for Little Heads ? April through May A project sponsored by PRMC, the Texas Medical Association Alliance, with donations from Blue Cross-Blue Shield and gifts from foundations and physicians, this event provided bike safety tips to elementary school children in the 1st grade, providing them with 140 helmets. 2) Celebrate Your Pregnancy ? April A project sponsored by PRMC with the support of our obstetricians and local businesses to provide education information for expectant mothers and dads on a variety of topics from breastfeeding, infant CPR, immunizations, labor and delivery. 3) Sexual Assault Nurse Examiners Training ? April PRMS will host a training session and lunch to assist law enforcement, ED nurses, gynecologists, hospitalists, and other local law enforcement agencies. 4) Blood Pressure Checks ? April PRMC will offer free blood pressure checks at the Kerrville Public School Foundations Annual Duck Race Family Day. This annual event brings families and children in all age groups from a wide variety of neighboring towns and the medical services is targeted to all families attending. 5) Mother Daughter Tea ? May An annual event for mothers with daughters ages 8-12. PRMC joins area gynecologists to host a question and answer series geared toward mothers in the community and teenage girls. 6) Men?s Health Event ? June A new event targeted toward men of all ages offering a series of educational topics presented by local physicians addressing urological advancements, orthopedic options, general trends in men?s health, early signs of stroke, and other topics of interested specific to men. 7) Diabetes Awareness ? May A quarterly gathering for diabetic patients and supportive family members of all ages.

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.

