

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): 3093660	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Providence Health Center **County:** McLennan

Mailing Address: 6901 Medical Parkway Waco Texas 76702

Physical Address if different from above: _____

Effective Date of the current policy: 5/27/2010

Date of Scheduled Revision of this policy: 5/31/2011

How often do you revise your charity care policy? annually

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

Name of the office/department: Business Services

Mailing Address: 6901 Medical Parkway Waco Texas 76702

Contact Person: William Barcus Title: Director

william.barcus@phn-

Phone: (254) 751-4161 Fax: (254) 751-4181 E-Mail waco.org

Person completing this form if different from above:

Name: Denise Kinsey Phone: (254) 751-4195

* 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.

The goal of the planning process is to accomplish the mission of Ascension Health in provision of care and services. Providence Health Center (PHC) serves the community through a Christian philosophy which values the sanctity of human life, serves others with Christian faith, and shares in the healing ministry of the whole person. Services are designed to respond to patient and family needs and expectations and assure that patients with comparable health conditions receive the same level of care regardless of gender, race, religion, age, disability, method of payment or site of care within the system. Care is provided in accordance with applicable licensure, laws, rules and regulations. Resources are allocated and organizational structures and policies are formulated to implement the plans.

2. Provide the following information regarding your hospital's current charity care policy.

a. Provide definition of the term **charity care** for your hospital.

At a minimum, uninsured patients with income less than or equal to 200% of the Federal Poverty Level (FPL), which may be adjusted to the hospital for cost of living utilizing the local wage index will be eligible for 100% charity care write off of the charges for services that have been provided to them. At a minimum, uninsured patients with incomes above 200% of the FPL but not exceeding 300% of the FPL, subject to inflationary adjustments as described earlier will receive a discount on the services provided to them based on a sliding scale.

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

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

Is defined as a patient who has a chronic disease or catastrophic illness with recurring episodes of care and whose medical and hospital bills after payment by third party payors exceeds the patients annual gross income and is unable to pay the remaining

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES NO If yes, please briefly summarize method.

To apply for full or partial charity care, the patient should complete designated forms and submit three months payroll or pension stubs, spouses proof of earnings, 3 months bank statements, last two years income tax returns, a copy of the denial of Medicaid/SSI benefits, a copy of patient's food stamp care, a copy of patient's active Family Practice clinic card, a copy of patient's Housing Authority letter and a current credit report.

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 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?

30 to 60 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?

- 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).

Bariatric surgery, Reversal vasectomy, Elective cosmetic surgery

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).

Providence Health Center is located in Waco, Texas and serves the McLennan County and six continuous counties. 27% of households in McLennan County alone live at or below federal poverty guidelines. Uninsured and underinsured persons comprise 25% of the population while 15% of families are on Medicaid or other assistance. Providence Health Center in conjunction with the Providence Healthcare Network provided all of the following community building actives in FY11 and more, partners in Education ? Our Ministry partners with Brook Avenue Elementary to support children in their most influential years of development. Our employees participate in events and activities during the school year which include tutoring, mentoring, presentation of life skills. Pharmaceutical Assistance Program ? this program is available through pharmaceutical companies as we use it as a resource to those patients that qualify. Diabetes Program ? Provided diabetes education and self-management training to persons with diabetes and their families. It is estimated that 25,000 people in McLennan County have diabetes. No Cost Mammogram Programs ? The goal is to ensure that all Central Texas women (and men) and especially the underserved and uninsured receive the best quality breast care available. Central Texas women as a whole are undereducated about breast disease and fail to have their yearly mammogram for many reasons including financial restriction. We are able to provide subsidized screening mammograms and diagnostics services for those who cannot otherwise afford them. The underserved is funded by generous grants from entities such as Susan G. Komen and the Daughters of Charity.

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.