

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): 736304	(Enter 7-digit FID# from attached hospital listing)***
Name of Hospital: MOTHER FRANCES HOSPITAL- JACKSONVILLE	County: CHEROKEE
Mailing Address: 1315 DOCTORS DRIVE, TYLER, TX 75701	
2026 S JACKSON, JACKSONVILLE, TX	
Physical Address if different from above: 75661	
Effective Date of the current policy: 8/1/2011	
Date of Scheduled Revision of this policy: 5/1/2012	
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 OFFICE/HOSPITAL

Mailing Address: 800 E DAWSON, TYLER, TX 75701

Contact Person: ANDREW VON ESCHENBACH Title: ADM DIRECTOR

Phone: (903) 531-5718 Fax: (903) 531-5699 E-Mail VONESCA@TMFHS.ORG

Person completing this form if different from above:

Name: YVONNE M. BECKMAN CPA, TAX MGR Phone: (903) 531-5938

* 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.

IT IS ESSENTIAL THAT CHARITABLE SERVICES BE ACCURATELY IDENTIFIED, MEASURED, AND MAINTAINED WITHIN LIMITS WHICH WILL BOTH PRESERVE THE FINANCIAL INTEGRITY OF THE INSTITUTION AND PERMIT THE HOSPITAL TO CONTINUE ITS MISSION OF PROVIDING HIGH QUALITY, EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITY AND IN PARTICULAR TO THOSE PERSONS FINANCIALLY UNABLE TO PAY FOR SUCH SERVICES.

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

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

ASSISTANCE TO PATIENTS WHO INCUR A SIGNIFICANT FINANCIAL BURDEN AS A RESULT OF RECEIVING MEDICALLY NECESSARY CARE WHO QUALIFY UNDER PROGRAM GUIDELINES AS ADMINISTERED UNDER ELIGIBILITY PROCEDURES CONSISTENT WITH FEDERAL AND STATE LAWS REGARDING MEDICAL CARE.

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 OR HOSPITAL BILLS AFTER PAYMENT BY THIRD PARTY PAYORS, IF ANY, EXCEED A SPECIFIED PERCENTAGE OF THE PATIENTS GROSS ANNUAL HOUSEHOLD INCOME, IN ACCORDANCE WITH THE HOSPITAL'S ELIGIBILITY SYSTEM, AND THE PERSON IS FINANCIALLY UNABLE T

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 DISABILITY, SAVINGS, RENTAL INCOME, SEPARATE MAINTENANCE PAYMENTS

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 DOWNLOAD FROM WEBSITE

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.

HOSPITAL WEBSITE
WWW.TMFHS.ORG

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 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).
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).

1. CHEROKEE COUNTY RELAY FOR LIFE. PROVIDED SPONSORSHIP, SUPPORT & PERSONNEL FOR THE ALL-NIGHT EVENT. TO INCREASE AWARENESS ABOUT CANCER AND AID IN FUNDRAISING EFFORTS FOR A COUNTY THAT HAS AN ABOVE AVERAGE RATE OF CANCER. EDUCATIONAL PROGRAMS TARGETED THE COMMUNITY AT LARGE, WITH EFFORTS AIMED TOWARD THE UNINSURED. 2. FAMILYCARE CENTER - WOMEN'S SERVICES. PROVIDED OVER 319 VISITS FOR GYNECOLOGICAL SERVICES AT THE LOCAL CLINIC TO WOMEN THAT DID NOT HAVE A PRIMARY CARE OR SPECIALTY MEDICAL HOME. TO PROVIDE WOMEN WITH GYNECOLOGICAL SERVICES WHO DO NOT HAVE ACCESS TO MEDICAL CARE. MANY OF THESE WOMEN WERE TRAVELING TO TYLER TO RECEIVE CARE CURRENTLY RECEIVE CARE MUCH CLOSER TO HOME. 3. JACKSONVILLE RODEO. DISTRIBUTION OF FANS & WATER TO PARTICIPANTS AND SPECTATORS AT THE RODEO. TO AID IN THE EDUCATION OF PARTICIPANTS ABOUT THE DANGERS OF HEAT AND INJURIES CAUSED BY EXTENSIVE HEAT. REACHED OVER 1,500 PEOPLE WITH HEAT PREVENTION INFORMATION AND MEDICAL SUPPORT ONSITE. 4. JACKSONVILLE ROTARY, ACCESS & OTHERS. PROVIDED SPONSORSHIP, STAFFING & DEVELOPMENT OF PROGRAMS AND EVENTS FOR THE LOCAL COMMUNITY. ORGANIZATIONS INCLUDED LIONS CLUB, ROTARY, KIWANIS, ACCESS, HOPE CENTER, UNITED FUND, THE AMERICAN CANCER SOCIETY, JACKSONVILLE CHAMBER OF COMMERCE, JACKSONVILLE LITERACY COUNCIL. MEMBERS OF THE STAFF SERVE IN LEADERSHIP POSITIONS AND AS VOLUNTEERS FOR PROGRAMS ON VARIOUS BOARDS AND NONPROFITS IN THE COMMUNITY. THIS EVENT BENEFITS THE RESIDENTS OF THE AREA AND ORGANIZATIONS THAT PROVIDE SERVICES WHICH ARE NOT PROVIDED BY THE HOSPITAL BUT IMPACT THE HEALTH OF THE RESIDENTS IN ANDERSON/CHEROKEE COUNTIES. FINDING LEADERSHIP TALENT FOR VOLUNTEER POSITIONS IS AN EVER GROWING PROBLEM FOR ALL COMMUNITIES. TARGET POPULATION FOR SERVICES IS THE GENERAL PUBLIC. 5. KID FEST. A COMMUNITY PROGRAM HELD TO PROVIDE BICYCLE SAFETY AND TO DISTRIBUTE BICYCLE HELMETS. OVER 100 CHILDREN PARTICIPATED IN THE PROGRAM THAT WAS CO-SPONSORED BY THE JACKSONVILLE DAILY PROGRESS AND MOTHER FRANCES HOSPITAL-JACKSONVILLE. TO EDUCATE THE ENTIRE FAMILY, PARENTS AND CHILDREN, ON THE IMPORTANCE OF BICYCLE SAFETY. 6. COMMUNITY HEALTH INFORMATION & SCREENINGS. A VARIETY OF COMMUNITY EVENTS & OPPORTUNITIES FOR SCREENINGS HELD INCLUDING CHEROKEE COUNTY COOP HEALTH FAIR & VARIOUS EDUCATIONAL FACILITIES. TO EDUCATE AND ASSIST IN IDENTIFYING INDIVIDUALS AT RISK WITH WAYS OF IMPROVING THEIR HEALTH. OVER 1,000 INDIVIDUALS WERE SERVED THROUGH THESE ACTIVITIES. 7. HEALTH EDUCATION PROGRAMS. COMMUNITY EDUCATION FOR HEALTHY LIFE STYLES WERE OFFERED THROUGHOUT THE REGION FOR A VARIETY OF CONDITIONS INCLUDING CANCER, CHOLESTEROL, DIABETES, SMOKING CESSATION, STRESS, WEIGHT MANAGEMENT, AND HEALTHY HEARTS. OVER 100 PEOPLE WERE REACHED. EAST TEXAS HAS AN EXTREMELY HIGH RATE FOR DIABETES, STROKE, HEART DISEASE, AND PULMONARY DISEASE. THIS EAST TEXAS REGION OF THE STATE HAS ONE OF THE FASTEST GROWING AGING GROUPS AND HIGH RISK FOR ETHNIC MINORITIES; BOTH WERE TARGETED. 8. COMMUNITY NON PROFITS & RURAL HOSPITAL SUPPORT PROGRAMS. MOTHER FRANCES HOSPITAL-JACKSONVILLE PROVIDES DIRECT FINANCIAL SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS

AND COMMUNITY SUPPORTED RURAL HOSPITALS WITHIN THE REGION TO PROVIDE NEEDED SERVICES TO THE COMMUNITY. PRIORITY IS GIVEN TO AGENCIES OR ORGANIZATIONS THAT PROVIDE SUPPORT OR DIRECT HEALTH RELATED SERVICES OR BENEFITS WHOSE MISSION IS TO SERVE THE UNDERINSURED AND UNINSURED POPULATION. THESE ORGANIZATIONS AND AGENCIES PROVIDE SERVICES THAT COMPLEMENT OR MINIMIZE THE NEED FOR SERVICES, ESPECIALLY EMERGENCY OR URGENT CARE SERVICES, PROVIDED BY MOTHER FRANCES HOSPITAL-JACKSONVILLE. MANY PROVIDE PHYSICIAN SERVICES, EDUCATION OR RESEARCH PROGRAMS CURRENTLY UNAVAILABLE AT MOTHER FRANCES HOSPITAL-JACKSONVILLE AT A MORE ATTAINABLE PROXIMITY TO THEIR HOMES.

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.