

**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\*\***

<b>Facility Identification (FID):</b>	510506	(Enter 7-digit FID# from attached hospital listing)***
---------------------------------------	--------	--

**Name of Hospital:** Burleson St. Joseph Health Center **County:** Burleson

**Mailing Address:** 1101 Woodson Drive, Caldwell, Texas 77836

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 06/01/2007

**Date of Scheduled Revision of this policy:** 05/31/2014

**How often do you revise your charity care policy?** Every 3 years with Board or as needed

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

Name of the office/department: Patient Financial Services

Mailing Address: 1101 Woodson Drive

Contact Person: Kathy Kovar Title: PFS Team Leader

Phone: (979) 567-2229 Fax: (979) 567-2206 E-Mail: kkovar@st-joseph.org

Person completing this form if different from above:

Name : Dalinda Davis Phone : (979) 567-2202

\* 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: [www.dshs.state.tx.us/chs/hosp](http://www.dshs.state.tx.us/chs/hosp) under 2013 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/](http://www.dshs.state.tx.us/chs/hosp/).

**I. Charity Care Policy:**

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

As part of its mission, Burleson St. Joseph Health Center provides care to patients without financial means to pay for hospital services. Charity care will be provided to all patients who present themselves for emergent or non-elective care at Burleson St. Joseph Health Center without regard to race, creed, color, or national origin and who are classified as financially or medically indigent.

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

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

Financially indigent patient is a person who is uninsured and underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based upon income and family size.

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

Check one.

1. <100%

4. <200%

2. <133%



5. Other, specify

See Comment Section

---

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**.

Medically indigent is a term used to describe individuals who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.

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

YES NO If yes, please briefly summarize method.

Assets taken into account for gross income are: Any property other than homestead, vehicles >\$5,000, income producing property, checking accounts, savings accounts, cert. of deposits, stocks and bonds, 401K, IRA, and recreational vehicles.

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.

In the rural health clinics and also in the Grimes St. Joseph Health Center located in Navasota and our Rehab facility in Bryan ,

d. Is the application form available in language(s) other than English?

YES NO

If yes, please check

Spanish  Other, please 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 Property tax statement

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? 2

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 patient visit, excluding recurring OP visits  
who are evaluated monthly

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).

Scheduled, non-emergent procedures (as determined by a physician) are eligible for the charity care process ONLY if approved by the Vice-President of Medical Services or a member of hospital administration. Otherwise, the hospital works with the patient to secure coverage through other avenues.

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).

We sponsor a Health Fair in October and provide health education classes through our health system Healthy Communities Department

### 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.

Sec. I, item 2b: The following Charity discounts will be applied based on the federal poverty guidelines (FPG): Income <200% of FPG - 100% Charity Income <200% and <250% of FPG = 90% Catastrophic Charity Patients whose annual income exceed the annual income guidelines to qualify for charity, but have a hospital bill greater than 50% of their annual income may qualify for catastrophic charity. The patient will be required to pay 20% of billed charges but not to exceed 20% of family income. The remainder of the bill will be written off to charity. Catastrophic Charity applies to a catastrophic hospital stay, not a culmination of several hospital visits over an extended period of time. Sec. I, item 2c: eligibility is based on gross income; however, persons are qualified for 100% charity if currently enrolled in the TDHHS Food Stamp Program, or the TANF Program. Sec. I, item 3: No Financial Assistance application/form is required for patients qualifying based on the charity policy impoverished zip code guidelines.

**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 twelfth 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.state.tx.us](mailto:dwayne.collins@dshs.state.tx.us).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Contact Name: \_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_

**Suggestions/questions:**