

**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\*\***

-2014-

<b>Facility Identification (FID):</b> 939090 (Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** Comanche County Medical Center **County:** Comanche

**Mailing Address:** 10201 HWY 16 N., Comanche, TX 76442

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

**Effective Date of the current policy:** 08/13/2014

**Date of Scheduled Revision of this policy:** 01/31/2015

**How often do you revise your charity care policy?** At least annually

**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: 10201 HWY 16 N

Contact Person: Pat Bradshaw Title: Business Office Manager  
pbradshaw@comanchecmc.c

Phone: (254) 879-4900 Fax: (254) 879-4990 E-Mail om

Person completing this form if different from above:

Name: David Freshour Phone: (254) 879-4900

\* 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 2014 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.

Comanche County Medical Center (CCMC) will provide necessary medical care without regard to race, creed, color, national origin, or financial status. Financial assistance only applies to services provided by CCMC. Emergency medical services will be provided regardless of the patient's ability to pay. All patients that present to the Emergency Room are seen and provided a medical screening exam to determine if they have an emergency medical condition as required by EMTALA before obtaining any financial information from the patient.

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

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

1. Financially Charitable: A financially charitable patient is a resident of Comanche County and those patients that present at CCMC, including the clinic, emergency services, inpatient and outpatient services, who are uninsured or under-insured. Patients that are not residents of Comanche County receiving care for an emergency medical condition through the emergency department may be eligible for financial assistance based upon individual circumstances and residence, and are encouraged to complete the application for financial assistance. Those patients that do qualify for financial assistance will receive significant discounts based upon criteria set forth in the policy. In the case of the uninsured patient who qualifies as financially charitable we have a sliding scale based upon Medicare rates. In the case of an under-insured patient, there are regulatory and contract restrictions with which CCMC must abide regarding discounts of co-pays and deductibles required by your insurance plan.

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 patient is medically charitable when the Medical Debt, after any payment by third-party payers, exceeds 33% of the patient's annual household gross income (based on most recent income tax return) and who is expected to be unable to pay the account in full over a two year period. CCMC will consider other financial assets and liabilities of the person when determining the ability to pay. A charity adjustment will be made to reduce the financial obligation to 33% of the patient's annual household gross income. a. If a determination is made that a patient does have the ability to pay the remainder of the bill, this does not prevent a reassessment of the patient's ability to pay at a later date when financial circumstances have changed. b. If a patient has Medicaid or Medicare/Medicaid and for some reason the medical service is not covered, the charges for the uncovered service may be considered for Charity Care for those medically necessary services.

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

YES NO If yes, please briefly summarize method.

Assets utilized primarily to verify reasonableness of income information provided, liquidity of assets, and overall ability to pay.

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 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.

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 \_\_\_\_\_

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

guarantor has 120 days to request application and another 120 days to

e. Other, please specify apply

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 we do use a sliding scale

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?

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 generally lasts 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).

All services must be medically necessary and appropriate.

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).

Our primary service area includes all of Comanche County, plus some areas adjoining. A focus group of community members meet quarterly to discuss progress and identify where new resources need to be considered. Coordinate community resources including EMS, Hospice, Home Health, nursing home, etc in the planning process. Follows guidelines of IRS 501(r). Developing a clinical affiliation with St David's Health System. Begun a telemedicine program first focused on neurology/stroke care, working to become a certified stroke center. Trying to work with others to particularly develop telemedicine resources for mental health services.

### **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.

We have made every attempt to provide data as requested but we do not have a very sophisticated system, and must compile info from multiple systems to try to complete this report. Our people resources are also very limited, as we have a very tight financial situation. I would also disclose that our audit for 2014 as well as the 2014 cost report are not complete at this time.

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**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: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**