`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** 2022

Facility Identification (FID): 1856309 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital:	CHI St. Joseph Hea	lth Grimes Hospital		County:	Grimes		
Mailing Address:	210 S. Judson Street N	avasota, TX 77868-3	704				
Physical Address if	different from above:						
Effective Date of the current policy: 07/01/2021							
Date of Scheduled I	Date of Scheduled Revision of this policy:						
How often do you revise your charity care policy? _ Revised 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: Conifer Financial Assistance Center							
Mailing Address: P.O. Box 660872, Dallas, TX 75266-0872							
Contact Person:	Ciera Swayne		Tit	le: Superviso	r		
Phone: <u>(844) 286-</u>	5546		_ Fax:	(469) 803-4627	_		
Person completing this form if different from above:							
Name: <u>Lisa Smith</u>			_ Phone:	(832) 494-7378			

^{*} 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.texas.gov/chs/hosp under 2022 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: http://www.dshs.texas.gov/chs/hosp/

I. Charity Care Policy:

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

As part of its mission, St. Joseph Regional 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 St. Joseph Regional Health Center without regard to race, creed, color, or national origin and who are classified as financially or medically indigent.

2	Provide the fo	allowing	information	rogarding	vour hoc	nital/c	current o	sharity,	caro	nalicy	,
۷.	Provide the it	Jiiowilly	IIIIOIIIIauoii	regarding	your nos	pitai s t	current (Juanty	care	policy	/.

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

Charity care means the unreimbursed costs to the hospital of providing, funding, or otherwise financially supporting health care services to patients classified by the hospital as financially or medically indigent.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one. 5

1.100%

4. <200%

2. <133%

=/< 400%

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: a) Bank or Checking account information evidencing the patiential available resources (those convertible to cash and unnecessary for the patiential daily living) b) Does not include retirement or deferred compensation.

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

 \checkmark

	g. What is included in your definition of income	from the list below? Check all that apply.
$\overline{\mathbf{V}}$	1. Wages and salaries before deductions	
	2. Self-employment income	
	3. Social security benefits	
	4. Pensions and retirement benefits	
\checkmark	5. Unemployment compensation	
	6. Strike benefits from union funds	
	7. Worker's compensation	
\checkmark	8. Veteran's payments	
\checkmark	9. Public assistance payments	
\checkmark	10. Training stipends	
\checkmark	11. Alimony	
	12. Child support	
	13. Military family allotments	
V	14. Income from dividends, interest, rents, roys15. Regular insurance or annuity payments	alties
	16. Income from estates and trusts	
	17. Support from an absent family member	r or someone not living in the household
	18. Lottery winnings	
	19. Other, specify	
	oes application for charity care require completio	n 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 fo	rm? Check all that apply.
\checkmark	1. By telephone	
	2. In person	
	3. Other, please specify	By email or by mail
In	c. Are charity care application forms available in YES NO If, YES, please provide name and add the Rehab facility in Bryan and our rural hospital adisonville St. Joseph in Madisonville and in Burle	dress of the place. s including, Grimes St. Joseph Health Center in Navasota,
	d. Is the application form available in language	(s) other than English?
	✓ YES NO	(e) ether than Inglish.
	If yes, please check	
	Spanish ☑ 1 Other, please specify	Arabic, German, French, Hindi, Hmong, Japanese, Korean, Portuguese, Russian, Tagalog, Vietnamese, Chinese
4		
4.	When evaluating a charity care application,	

ć	a. How is the inf	ormation verified by the hospital?			
		 The hospital independently verifies information with third party evidence (W 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 asset Check all that apply. 					
	\square	1. W2-form			
	☑	2. Wage and earning statement			
	☑	3. Paycheck 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			
	\square	10. Copy of checks			
		11. Living expenses			
		12. Long term notes			
		13. Copy of bills			
		14. Mortgage statements			
		15. Document of assets			
	\square	16. Documents of sources of income			

17. Telephone verification of gross income with the employer

19. Signed affidavit or attestation by patient

20. Veterans benefit statement

21. Other, please specify

18. Proof of participation in gov't assistance programs such as Medicaid

 \checkmark

 \checkmark

 \checkmark

 \checkmark

5.	When is a patie	nt determined to be a charity	care patient? Check all that apply.
		a. At the time of admission	n
	\square	b. During hospital stay	
	\square	c. At discharge	
		d. After discharge	
	⊴	e. Other, please specify	Policy is retrospective, but allows for a 6 month forward looking determination based on medically necessary services.
6.	How much of the	e bill will your hospital cover	under the charity care policy?
		a. 100%	, , ,
		b. A specified amount/per	centage based on the patient's financial situation
		c. A minimum or maximur	m dollar or percentage amount established by the hospital
	Ø	d. Other, please specify	AGB Discount for patients between 201-400% FPL
7.	Is there a charg	e for processing an applicatio	n/request for charity care assistance?
	YES ☑ NO		
8.	How many days	does it take for your hospital	I to complete the eligibility determination process? 30
9.	How long does t	the eligibility last before the p	atient will need to reapply? Check one.
		a. Per admission	
		b. Less than six months	
		c. One year	
		d. Other, specify Poli	icy allows for 12 month retrospective review
10	. How does the Check all tha		out 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	s provided by your hospital av	vailable to charity care patients?
	other outp physician) Services o	ise list services not covered for atient services, physician's fe are eligible for the charity cal	or charity care patients (e.g. transplant services, ER services es). Scheduled, non-emergent procedures (as determined by the President of Medical istration. Otherwise, the hospital works with the patient to i.
12	. Does your hos	spital pay for charity care serv	vices 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).

Community Benefit Projects/Activities The St. Joseph Health community benefit program encompasses health and wellness services it provides to patients meeting qualifications of its charity care policy or government-sponsored indigent health care programs.

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.

Texas Nonprofit Hospitals Part II

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NOTE: This is the twenty-first 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.texas.gov.

Name of Hospital:	City:	
Contact Name:	Phone:	
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Suggestions/questions: