

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**
-2009-

Facility Identification (FID): 736304	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Mother Frances Hospital Jacksonville **County:** CHEROKEE

Mailing Address: 1021 E. IDEL ST., TYLER, TX 75701

Physical Address if different from above: 1026 S. JACKSON, JACKSONVILLE, TX

Effective Date of the current policy: 05/01/2008

Date of Scheduled Revision of this policy: 05/01/2011

How often do you revise your charity care policy? AS NEEDED USUALLY EVERY 2-3 YEARS

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: 536 S. BECKHAM, TYLER, TX 75701

Contact Person: ANDREW VON ESCHENBACH Title: DIRECTOR OF BUSINESS SERVICES

Phone: (903) 531-5718 Fax: (903) 531-5097 E-Mail VONESCA@TMFHS.ORG

Person completing this form if different from above:

Name: MARY E. JACKSON Phone: (903) 531-4788

* 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 2009 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.

AS A FAITH BASED ORGANIZATION, IT IS THE MISSION OF TRINITY MOTHER FRANCES HEALTH SYSTEM TO ENHANCE COMMUNITY HEALTH THROUGH SERVICE WITH COMPASSION, EXCELLENCE, AND EFFICIENCY.

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

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

CHARITY, ALSO KNOWN AS UNCOMPENSATED CARE, IS HEALTH CARE PROVIDED FOR FREE OR AT REDUCED PRICES TO FINANCIALLY OR MEDICALLY INDIGENT PATIENTS.

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

- 1. <100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify UP TO 500%

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 OF THIRD PARTY PAYERS, IF ANY, EXCEEDS A SPECIFIED PERCENTAGE OF THE PATIENTS GROSS ANNUAL INCOME IN ACCORDANCE WITH THE HOSPITAL'S ELIGIBILIT SYSTEM, AND THE PERSON IS FINANCIALLY UNABLE TO PAY THE REMAINING BALANCE.

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

YES NO If yes, please briefly summarize method.

OTHER FINANCIAL RESOURCES, SUCH AS ASSETS, ARE CONSIDERED WHEN DETERMING THE ELIGIBILITY OF PATIENT FOR CHARITY CARE.

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 _____

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.

MFH BUSINESS SERVICES & TRINITY CLINIC
536 S. BECKHAM, TYLER & 520 S. DOUGLAS, TYLER

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?

TIME FRAME IS CONTINGENT UPON PATIENT'S ABILITY TO PROVIDE REQUISIT DOCUMENTATION.

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 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).

NON-URGENT OUTPATIENT SERVICES

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).

Cherokee County Relay for Life - Provided sponsorship and staffing to plan activities for the all-night event and manned the event. Purpose to increase awareness about cancer and to help in fundraising efforts for a county that has an above average rate of cancer. Educational programs targeted the community at large but efforts were made to reach the uninsured. FamilyCare Center ? Women?s Services - Provided 380 visits for gynecological services at the local clinic for women that did not have a primary care or specialty medical home. In addition, 30 surgeries were performed by FamilyCare physicians at Mother Frances Hospital ? Jacksonville. Purpose 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 but can now receive it closer to home. Jacksonville Rodeo - Handed out fans and water to participants and spectators at the rodeo. Purpose education about the dangers of excessive heat and injuries caused by extensive heat. Reached over 4,000 people. Jacksonville Rotary, Access, and others - Provided sponsorship, staffing, and development of programs and events for the local community. Organizations included Lions Club, Rotary, Kiwanis, Access, Hope Center, United Fund, and American Cancer Society. Members of the staff serve in leadership positions on various boards and non profits in the community. Purpose: 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. It?s a Lifestyle Program - Students from JISD participate in a semester program for fitness receiving one on one training at no cost from fitness trainers at Trinity Mother Frances Health & Fitness ? Jacksonville well as nutritional and health education. Purpose: To educate the entire family, parents and children, on the importance of a healthy lifestyle and to provide the support groups needed to enhance the opportunity to make a lifestyle change. Community Health Information and Screenings - A variety of community events and opportunities for screenings were held including community Health Fairs, Tomato Fest, blood drives, health fairs for commercial and industrial sites, and educational facilities. Purpose: To help educate and identify individuals at risk and ways to improve their health. Over 1,000 people were served through these activities. Lon Morris College Student Care During H1N1 Outbreak - Implemented a program with Lon Morris College to treat their students during the H1N1 outbreak in the fall of 2009. Over 65 students were triaged and treated for their flu or flu-like symptoms. A flu clinic was set up on campus to reach students and faculty members who had not yet contracted the flu. Purpose: To provide health treatment, information and screenings. Lon Morris College Scholar Dollars - Assisted with the annual implementation of the Scholar Dollar Program, aimed at reaching the students of Lon Morris College and encouraging their family members to stay involved in their children?s studies to increase their chances for admission into college. Purpose: To encourage children to stay in school, achieve academic success, and to assist in their ability to attend college.

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.

