

**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\*\***

**Facility Identification (FID):** 2153723 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Knapp Medical Center **County:** Hidalgo

**Mailing Address:** P.O. Box 1110, Weslaco, TX 78596

**Physical Address if different from above:** 1401 E. 8th Street, Weslaco, TX 78596

**Effective Date of the current policy:** 06/01/1992

**Date of Scheduled Revision of this policy:** 03/01/2013

**How often do you revise your charity care policy?** Annual

**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: P.O. Box 1110, Weslaco, TX 78596

Contact Person: Juan Hernandez Title: Coordinator - Business Services

Phone: (956) 969-5140 Fax: (956) 969-1408 E-Mail jhernandez@knappmed.org

Person completing this form if different from above:

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

\* 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 2012 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, Knapp Medical Center provides care to patients without financial means to pay for hospital services. Charity care will provided to all patients who present themselves for care at Knapp Medical 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.

Patients who are classified as financially or medically indigent qualify for charity care and their accounts may be written off. A financially indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for services based on income and family size. A medically indigent patient is determined by the cost of health care services provided versus the income of the guarantor's income.

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 \_\_\_\_\_

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 medically indigent patient is determined by the cost of health care services provided versus the income of the guarantor's income.

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 \_\_\_\_\_

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.

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

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? 31

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).

The Wellness Program offers lab screenings from \$5-\$30 to encourage healthy lifestyles. This was developed as an alternative for those without health insurance who could not otherwise afford expensive tests. Valley Health Seminars are given by local physicians on different health topics. Topics are usually geared for older adults, but some are designed for parents. Seminars are held in person and archived for access by a broader audience. The Volunteer Program assists students needing hours to enter certain professional healthcare classes and for older adults who need to feel a sense of purpose. The hospital patients and staff benefit greatly from volunteer efforts as well. The Junior Volunteer program gives students 15-18 years of age an opportunity to embrace volunteering and learn about potential health careers. Fit & Fun Fall Festival is a free, general health fair held near Halloween. Held after school, it is geared mainly for families with children. Knapp's Family, Fun, Fitness & a Film events encourage local residents to get out and be active and exercise as a family. In conjunction with a summer event during which films are shown outdoors at city parks, this fitness event is designed to encourage residents to arrive early and walk, promoting better community health. Design for a Cure promotes good breast health. Held in October, decorated bras are displayed and educational information is distributed. Anyone can vote for their favorite decorated bra. Votes are \$1 each and the money is used to provide screening mammograms for local indigent women. Trauma Services has distributed more than 111 infant and booster seats to indigent families since the program started in September 2009. To be eligible for a seat, the parent must receive training on proper car seat installation and how to correctly fit child harnesses. In conjunction with Victoria Palms First Responders, Knapp held the second annual Senior Health Fair. A total of 326 attended. The Diabetes Center focused on the development of each patient's behavioral skills needed to effectively manage this chronic disease on a day-to-day basis. The Center also provided the public with information and associated risks to enable early detection and prevention and the reduction of chronic complications. Dieticians taught diabetes and renal failure patients portion control and meal planning using a chart that provides visual cues to food choices rather than words. This chart was printed with a grant from the Knapp Auxiliary. The Knapp Auxiliary decided that diabetes management tools were too important not to share. They took over marketing of the food charts as an outreach project with more than 70,000 now sold in 34 states. The charts are free to Knapp dieticians and sales of the charts fund the printing of future charts. A Que Pasa quarterly community newsletter offers community health education and information on members of the Knapp Medical Center Medical Staff and the services these independent professional providers have access to at Knapp.

### **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.



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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:**