

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):	939090	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Comanche County Medical Center Company **County:** Comanche

Mailing Address: 10201 Highway 16 North, Comanche, TX 76442

Physical Address if different from above:

Effective Date of the current policy: 02/01/2012

Date of Scheduled Revision of this policy: 02/01/2013

How often do you revise your charity care policy? annually, or more often as needed

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 Highway 16 North

Contact Person: Pat Bradshaw Title: Manager

Phone: (254) 879-4900 Fax: (254) 879-4990 E-Mail: pbradshaw@comanchecmc.com

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 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/.

I. Charity Care Policy:

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

Provide medically necessary services to Comanche County Residents, and to give those indigent or medically indigent residents the opportunity to apply for charity care. Emergency services always provided without regard to financial or insurance status.

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

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

As noted in the policy, patients can receive charity care up to 125% of FPG. Additionally, our policy does address those that may meet medically indigent criteria as well. As we evaluate the changes that have occurred with Obamacare, we are attempting to do a revisions to these policies, as we expect an increasing volume of patients in the medically indigent category, as those policies seem to have significantly higher c-pays and deductibles. We expect to move our process to a sliding scale discount for those between 125% and 200% of FPG

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

Check one.

1. <100%

4. <200%

2. <133%

5. Other, specify 125

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**.

Currently the policy defines medical indigence as having healthcare liabilities that exceed 40% of annual gross income. We are in the process of revising this policy as well.

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

YES NO If yes, please briefly summarize method.

We do primarily only look at income. We do ask the asset questions as well primarily to add credibility to the process. The best example I could give that is appropriate for our region would be ranchers. Most ranchers never have much reportable net income, but we feel that if you own millions in ranch land and equipment, you probably should not get a charity discount.

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
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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? 15 days.

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).

elective surgery, any procedure that is not supported by a diagnosis that meets medical necessity criteria.

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).

Community Benefits Projects/Activities Currently, we are working to enhance dietary consultations and group sessions to not only diabetes, but those suffering from chronic disease states. Additionally, we have recently hired a physician who will be going into the community to provide face-to-face education to local organizations, schools, and individual groups regarding current health topics such as diabetes, obesity, immunizations, helmet use, and general safety issues. These activities target children, adults, and the aging population

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.

Name of Hospital: _____ City: _____
_____ Phone _____
Contact Name: _____ : _____

Suggestions/questions: