

**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-

**Facility Identification (FID):** 2152561 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Mission Regional Medical Center **County:** Hidalgo

**Mailing Address:** 900 S. Bryan Road, Mission, Texas 78572

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

**Effective Date of the current policy:** 06/17/2005

**Date of Scheduled Revision of this policy:** \_\_\_\_\_

**How often do you revise your charity care policy?** As Needed

**Provide the following information on the office and contact person(s) processing requests for charity care.**

Name of the office/department: MRMC Business Office

Mailing Address: 900 S. Bryan Road, Mission, Texas 78572

Contact Person: Lupe Bautista Title: Director Business Office

Phone: (956) 323-1804 Fax: (956) 323-1817 E-Mail lbautista@missionrmc.org

Person completing this form if different from above:

Name: Trish Van Matre Phone: (956) 323-1025

\* 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.

Mission Regional Medical Center (MRMC) will provide care to persons who are unable to pay for their care.

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 care services will be made available in accordance with MRMC's policy to persons eligible under applicable MRMC guidelines.

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

Check one.4

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 whose medical or hospital bills, after payment by 3rd party payors, exceed a specified percentage of the person's income and who is unable to pay the remaining bill balance.

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 Mail

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.

Alton Maternity Clinic and Sullivan Maternity Clinic , 221 W. Dawes Ave.  
Mission, TX 78573 & 5 Miles West La Joya Sullivan City, TX 78595

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? 45
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 procedures
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).

Priority 1: Prevention and/or reduction of risk factors associated with obesity. Organize community health outreach aimed at healthy eating and cooking, as well as diabetes management information. Priority 2: Prevention, detection and treatment of risk factors associated with Diabetes. Reached out to more than 2,000 people in our community with information about Diabetes, the risk factors associated with the disease and, by default, weight management. Priority 3: Collaborate to increase community capacity to deliver evidenced-based programs that support prevention and management of risk factors among high risk populations. Every year, we partner with the local community to organize and sponsor a community health fair. In 2014, we had more than 1,000 people attend. We provided more than 220 flu shots; provided a complete lipid panel to 450 people; screened about 200 women for bone density; and provided health education and information on a variety of chronic health conditions and ailments. We also provided complete lipid panels to 504 members of the Seniority Program. Priority 4: Promote patient and community education to improve self-management of chronic diseases. Healthworks: MRMC brings a team of health care providers and health educators to school districts, community organizations, non-profit health care organizations, Migrant Workers' Councils and church organizations. The team provides health screenings, vaccines and health education to the community. Our target are those residents without insurance or means to pay for their health care. Rural Maternity Clinics: The two maternity clinics are located in rural areas (Sullivan City & Alton) where access to prenatal and maternity care is limited. Well Informed Lecture Series: A series of lectures are scheduled throughout the year on various topics of interest to the community. Health topics include diabetes, colon cancer, breast cancer, obesity and heart disease. The lectures are open to the community. Mission Pink: A Community Walk to raise awareness about breast cancer, early detection, treatment and cures. Outreach is to women and their families.

### **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:**