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): 273420 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Scott & White Memorial Hospital **County:** Bell

Mailing Address: 2401 S. 31st Street, Temple,TX 76508

Physical Address if different from above: _____

Effective Date of the current policy: 07/01/2012

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? _____

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

Name of the office/department: Central Business Office

Mailing Address: 2401 South 31st Street, Temple,TX 76508

Contact Person: Lonnie Seek Title: Director, Patient Access

Phone: (254) 724-6531 Fax: (254) 724-8003 E-Mail lseek@sw.org

Person completing this form if different from above:

Name: Megan Haddix Phone: (254) 215-9047

* 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 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/.

I. Charity Care Policy:

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

To provide the most personalized, comprehensive and highest quality health care, enhanced by medical education and research

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

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

Uninsured Patients with an outstanding account balance after payment by all other funding sources, who meet Annual Household Income and Residency requirements and any other criteria set forth in this Policy, are eligible to receive financial assistance under the Patient Financial Assistance Policy.

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

1. <100%
2. <133%
3. <150%
4. <200%
☑ 5. Other, specify Up to 375%

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 who does not meet the eligibility criteria defined in the PFAP Section IV may qualify for S&W financial assistance under exceptional circumstances. If the patient's Annual Household Income exceeds 375% of the FPG, and the patient provides information to support exceptional medical circumstances (i.e. catastrophic illness, excessive medical bill and/or medications) the patient will be considered for assistance if 100% of incurred charges exceed two times (2X) Annual Household Income.

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

☑ YES NO If yes, please briefly summarize method.

The applicant will be asked to provide documentation to verify Annual Household Income, residency, net assets and other financial resources available to the patient, household size, credit report information (processed by S&W), and any other relevant information that may be necessary to determine eligibility.

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 or via website

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 Before admission

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? Applications are completed on the same day if all documents are presented.

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).

Outpatient prescriptions medications and over the counter drugs. Non-medically necessary services. Elective cosmetic procedures. Elective total joint replacements. Custodial care (inpatient or outpatient). Routine dental care. Routine durable medical equipment. Outpatient or rehab take home supplies, Hearing aids, cochlear implants, and related speech therapy. Chiropractic services Elective, non-therapeutic termination of pregnancy. Any assisted reproductive technology and related services. Sex change surgery and related treatment, including hormone therapy and medical or psychological counseling. Services and medications for the treatment of sexual dysfunction. Services and medications intended primarily to treat obesity, such as gastric bypasses and balloons, stomach stapling and jaw wiring. Outpatient treatment for chemical or alcohol dependency. Health care services for any work related injury or illness. Treatments and evaluations required by employers, insurers, schools, camps, courts, licensing authorities, and other third parties. Routine eye exams, eyeglasses, contact lenses, or any other items for correction of eyesight. Elective growth hormone treatments. Immunizations for travel outside the United States. Organ transplant services without administrative approval. Any service not provided by Scott & White.

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).

Response for this section will be submitted via mail attachment to: Dwayne E. Collins, Planner Hospital Survey Unit Department of State Health Services Center for Health Statistics, Phone: 512-776-3312, E-Mail: Dwayne.Collins@dshs.state.tx.us

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: _____

Contact Name: _____ Phone: _____

Suggestions/questions: