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** 2018
Facility Identification (FID): 1792735   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Prime Healthcare Services Pampa LLC DBA Pampa Regional Medical Center   **County:** Gray

Mailing Address: 1 Medical Plaza, Pampa, TX 79065

Physical Address if different from above:

Effective Date of the current policy: 11/01/2018

Date of Scheduled Revision of this policy: 11/01/2018

How often do you revise your charity care policy? 2 years

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: 1 Medical Plaza, Pampa, TX 79065

Contact Person: Alberic Haiduk   Title: Business Office Director

Phone: (806) 663-5504   Fax: (806) 663-5655   E-Mail ahaiduk@primehealthcare.com

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.texas.gov/chs/hosp under 2018 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.texas.gov/chs/hosp/.

I. Charity Care Policy:

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

Prime Healthcare Non-Profit Facilities, including Pampa Regional Medical Center (the ¿Hospital¿), offer a financial assistance program for those patients who meet the eligibility tests described below. The intent of this Financial Assistance Policy (the ¿Policy¿) is to satisfy the requirements of Section 501(r) of the Internal Revenue Code and Texas Health & Safety Code sections 311.031 to 311.048 and 324.101; all provisions should be interpreted accordingly. A significant objective of Prime Healthcare Non-Profit Facilities is to provide care for patients in times of need. Prime Healthcare Non-Profit Facilities provide charity care and a discounted payment program as a benefit to the communities we serve as not-for-profit hospitals. To this end, Prime Healthcare Non- Profit Facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such 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.

    Financially indigent¿: A financial 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 the services rendered based on the Hospital¿s eligibility criteria set forth in this policy. ¿Medically Indigent¿: A medically indigent patient is a person whose medical or hospital bills, after payment by third-party payors, exceed a specified percentage of the patient¿s annual gross income, determined in accordance with the Hospital's eligibility criteria set forth in this policy, and the person is financially unable to pay the remaining bill.

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

    ¿Medically Indigent¿: A medically indigent patient is a person whose medical or hospital bills, after payment by third-party payors, exceed a specified percentage of the patient¿s annual gross income, determined in accordance with the Hospital's eligibility criteria set forth in this policy, and the person is financially unable to pay the remaining bill.

    e. Does your hospital use an Assets test to determine eligibility for charity care?
    ☑ YES NO   If yes, please briefly summarize method. the patient has monetary assets of less than ten thousand dollars ($10,000.00)

    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 gov't 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?

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. Check all that apply?

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    ☑   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).
 None

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 eighteenth 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.texas.gov.

Name of Hospital: _____   City: _____

Contact Name: _____   Phone: _____

Suggestions/questions:

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