

**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):** 2233345 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** CHRISTUS Mother Frances Hospital-Sulphur Springs **County:** Hopkins

**Mailing Address:** 115 Airport Road, Sulphur Springs, TX 75482

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

**Effective Date of the current policy:** 07/12/2016

**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: Patient Financial Services

Mailing Address: 115 Airport Road, Sulphur Springs, TX 75482

Contact Person: Leah Dixon Title: Administrative Director

Phone: (903) 606-7729 Fax: \_\_\_\_\_ E-Mail leah.dixon@christushealth.org

Person completing this form if different from above:

Name: Tammy Cooper Phone: (903) 438-4492

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](http://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/](http://www.dshs.texas.gov/chs/hosp/).

**I. Charity Care Policy:**

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

CHRISTUS is committed to minimizing the financial barriers to health care, especially to those who are economically poor and underserved and to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and Values as a ministry of the Catholic Church, CHRISTUS will provide financial assistance to patients who qualify pursuant to this Policy. CHRISTUS hospitals provide, without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

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

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

Assistance to patients who incur a significant burden as a result of receiving medically necessary care who qualify under program guidelines as administered under eligibility procedures consistent with federal and state laws regarding charity care.

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

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- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify 0-400%

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**.

An individual whose medical or hospital bills after payment by a third party payers, if an, exceeds a specified percentage of the patients gross annual household income in accordance with the hospitals eligibility system, and the individual is financially unable to pay the remaining amount due.

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

YES NO If yes, please briefly summarize method. At times, a review with the appraisal district will be performed.

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 isability savings, rental income, separate maintenance payments

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 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.  
website, [www.tmfhc.org/patientsandvisitors/financialassistance](http://www.tmfhc.org/patientsandvisitors/financialassistance)

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 Third party verification resources

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? 30

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 Per admission, application can be used up to a year on a presumptive basis

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply.  
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). Services NOT urgent or emergent

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 health fairs : We participate in 2 community health fairs per year for patients 55 and older. We provide health screenings for cholesterol, glucose, blood pressure and education for health care in general and specific conditions found in the screenings. Dinner Bell : We participate 3-4 times per year in serving meals the homeless through an outside organization. Back to School - We administered blood pressure checks and gave out information flyers and giveaways. Farmers Electric Co-op Event : We participated in this event by administering blood pressure checks and gave out information flyers and giveaways. In October, we administer flu shots for 14 employers. We also participate in the Forever Young Health event in Quitman, TX with information flyers and giveaways. At Saputo, a large employer in Sulphur Springs, we administer health screenings to their employees. Family Learning Event - We participated in this event by administering blood pressure checks and gave out information flyers and giveaways.

**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](mailto:dwayne.collins@dshs.texas.gov).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

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

**Suggestions/questions:**