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): 939090 (Enter 7-digit FID# from attached hospital listing)***

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: 05/29/2018

Date of Scheduled Revision of this policy: 06/25/2019

How often do you revise your charity care policy? Reviewed annually

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

Name of the office/department: Business Office and/or Controller

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

Contact Person: Kimberly Cooper Title: Controller

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

Our mission is to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, Comanche County Medical Center strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Comanche County Medical Center will provide, without discrimination, care for emergency medical condition to individuals regardless of their eligibility for financial assistance or for governmental 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.

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria

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 300%

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**.

The policy does not speak in terms of Medically Indigent, however, if a patient needs to be seen regardless of ability to pay, the patient will be seen. We also use a third party to look at accounts for presumptive charity. Medically necessary services, evaluated on a case-by-case basis at Comanche County Medical Center¿s discretion

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 group of two or more people who reside together and who are related by birth, marriage or adoption; or if under IRS rules qualifies as a dependent

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 cash public assistance 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 _____

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 if Medicaid denial cannot be provided it does NOT mean patients do not qualify

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 Can be determined to qualify at any time

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? maximum of 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 normally 1 year, if patient states just unemployed or on some type of leave we may review sooner to give the patient opportunity to added benefits of the program.

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).

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).

CCMC Wellness Program-individuals at hospital and community come out one day weekly to discuss food choice, nutrition, exercise, and perform activities to assist in living a more balance and healthy life. Pre-Diabetic Program-specifically designed for diabetics or borderline diabetics. This program has classes onsite and online diving deep into weight loss, benefits of proper nutrition, and exercise for all individuals regardless of age and current ability. Work with West Central Food Bank monthly doing a Food Bank onsite for members of the county who are low income or indigent have a place they can receive food free of charge.

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: