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**
2019

Facility Identification (FID): 2153723 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Knapp Medical Center   **County:** HIDALGO

Mailing Address: "P.O. Box 4253, MSC 675 Houston, Texas 77210"

Physical Address if different from above: "1401 E. 8th St., Weslaco, TX 78596"

Effective Date of the current policy: 5/1/2018

Date of Scheduled Revision of this policy: 6/1/2020

How often do you revise your charity care policy? remains the same unless a need for amendment

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

Name of the office/department: Hospital Business Services Inc

Mailing Address: "P.O. Box 4253, MSC 675 Houston, Texas 77210"

Primary Contact: Elizabeth Candanoza   Primary Title: Sr Financial Analyst

Primary Phone: (956) 973-5103   Primary Fax: (956) 969-5581

Person completing this form if different from above:

Name: Griselda Martinez   Title: CBO Manager

Phone: (956) 291-1762   Fax: (956) 291-1701

Second Person completing this form if different from above:

Name: Elizabeth Candanoza   Title: (956) 973-5103

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 2019 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.

"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.

      "Prime Healthcare Non.Profit Facilities, including Knapp 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."

      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**.

"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 patients 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. "Patient qualifies for charity if they have monetary assets of less than ten thousand dollars ($10,000) in addition to meeting three other conditions."

      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

2

☑ ☑   5. Other, please explain   All adult family members

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   available online as well

        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 _____

4

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   up to 240 days following the date of 1st post-discharge statement

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?

    ☑   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).

 "Since September 2009, Knapp Medical Center has distributed 872 infant and booster seats to indigent families (including 187 car seats during 2019). To be eligible for a car seat, the parent must receive training on proper car seat installation and how to correctly fit child harnesses.   Knapp offers this training free-of-charge, as well as free childbirth education classes for expectant parents.   To help promote breast cancer awareness and the importance that early detection plays in the fight against breast cancer, Knapp Medical Center held a free luncheon for local women, with a talk on breast cancer prevention by a local oncologist, in October 2019. During the months of June and July in 2019, Knapp Medical Center sponsored two Family Fun, Fitness & Film events at Weslaco City Park. During the events, local residents are encouraged to come out to the park and walk the track in an effort to improve their fitness and quality of life. More than 250 local residents participated in these events.   The Knapp Volunteer Program assists students needing volunteer hours to gain volunteer experience in a healthcare setting and for older adults who enjoy volunteering and feel a sense of purpose in doing so.   In addition, the Knapp Medical Center Volunteer Auxiliary provides a culturally-sensitive chart for dieticians to use in teaching diabetes and renal failure patients about portion control and meal planning. The chart uses visual cues to food choices rather than words. The charts provide a valuable educational resource, especially for the area¿s Hispanic population which is at greater risk for developing diabetes. "

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 nineteenth 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:

7