`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**
2023

Facility Identification (FID): 3732315 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHI St. Luke's Health - Memorial Livingston **County:** POLK

Mailing Address: _____

Physical Address if different from above: _____

Effective Date of the current policy: 07/01/2022

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: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

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 2023 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: http://www.dshs.texas.gov/chs/hosp/

I. Charity Care Policy:

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

The CommonSpirit Health Financial Assistance Policy (available in multiple languages) applies to uninsured/underinsured patients who come to our facilities for treatment. This policy provides financial relief to patients who qualify based on a comparison of their financial resources and/or income to Federal Poverty Guidelines. The program is designed specifically for emergent/urgent and/or medically necessary care patients whose household financial resources and/or income are at or below 400 percent of the Federal Poverty Level. To qualify for any assistance, uninsured/underinsured patients will be asked to complete a CommonSpirit Health Financial Assistance Application (available in multiple languages) which includes information relating to household income and expenses. We are committed to working with our patients to establish an appropriate payment plan based on the amount due and the patient's financial status.

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

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

Financial Assistance means assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for EMCare (Emergency Medical Care and Medically Necessary Care, herein referred to as EMCare) provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Financial Assistance is offered to insured patients to the extent allowed under the patient's insurance carrier contract.

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 0-200% is full charity, 201-400% is partial charity (AGB)

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**.

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

☑ YES NO If yes, please briefly summarize method. To qualify for assistance, patient must provide bank or checking account statements evidencing the patient's available resources (those convertible to cash and unnecessary for the patient's daily living) and at least one (1) piece of supporting documentation that verifies Family Income is required to be submitted along with the FAA

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 online

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.

CHI TX Region Corporate Office, 3100 Main Street, Houston, TX 77022

d. Is the application form available in language(s) other than English?

☑ YES NO

If yes, please check

Spanish ☑ 1 Other, please specify 13 other languages

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. Paycheck 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? 30 days with a fully completed application with income verifications

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 one year retrospectively

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). Medically Necessary Care does not include elective or cosmetic procedures only to improve aesthetic appeal of a normal, or normally functioning, body part

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).Health Fairs - all age groups Diabetes Awareness - all age groups Health Screenings - Open to all but offered at Senior Expo and MEGA Heart events

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 twenty-third 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: