

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): 510506 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHI St. Joseph Health Burleson Hospital **County:** Burleson

Mailing Address: PO Box 360 Caldwell, TX 77836-0360

Physical Address if different from above: 1101 Woodson Dr, Caldwell, TX 77836

Effective Date of the current policy: 07/01/2021

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? Revised every 3 years with Board or as needed

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

Name of the office/department: Conifer Financial Assistance Center

Mailing Address: P.O. Box 660872, Dallas, TX 75266-0872

Contact Person: Ciera Swayne Title: Supervisor

Phone: 8442865546 Fax: 4698034627

Person completing this form if different from above:

Name: Lisa Smith Phone: 8324947378

*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.

As part of its mission, St. Joseph Regional Health Center provides care to patients without financial means to pay for hospital services. Charity care will be provided to all patients who present themselves for emergent or non-elective care at St. Joseph Regional Health Center without regard to race, creed, color, or national origin and who are classified as financially or medically indigent.

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 means the unreimbursed costs to the hospital of providing, funding, or otherwise financially supporting health care services to patients classified by the hospital as financially or medically indigent.

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

5

1. 100%

4. <200%

5.

2. <133%

Other, specify </+400%

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 is a term used to describe individuals who cannot afford needed health care because of insufficient income and/or lack of adequate health insurance.

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

YES NO If yes, please briefly summarize method. a) Bank or Checking account information evidencing the patient s available resources (those convertible to cash and unnecessary for the patients daily living) b) Does not include retirement or deferred compensation.

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 By email or by mail

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.

In the Rehab facility in Bryan and our rural hospitals including, Grimes St. Joseph Health Center in Navasota, Madisonville St. Joseph in Madisonville and in Burleson St. Joseph in Caldwell.,

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

YES NO

If yes, please check

Spanish 1 Other, please specify

Arabic, German, French, Hindi, Hmong,
Korean, Portuguese, Russian, Tagalog, V
Chinese

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 Policy is retrospective, but allows for a 6 month forward looking determination based on medically necessary services.

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 Policy allows for 12 month retrospective review

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). Scheduled, non-emergent procedures (as determined by a physician) are eligible for the charity care process ONLY if approved by the Vice President of Medical Services or a member of hospital administration. Otherwise, the hospital works with the patient t

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 Benefit Projects/Activities The St. Joseph Health community benefit program encompasses health and wellness services it provides to patients meeting qualifications of its charity care policy or government-sponsored indigent health care programs. Current projects, which SJH provides for little or no compensation, include community-based health screenings, education, awareness and prevention programs and initiatives designed to improve access to primary care providers. Also, numerous sponsorships and in-kind support is given throughout our community. 1. Access to Care The hospital's initiatives to address access to care are anticipated to result in increased access and reduced barriers to health care for the medically underserved. Efforts to improve access and reduce barriers to care include: health equity efforts, hospital provided financial assistance policy, eligibility and enrollment screenings, direct community clinic support, resource coordination, support for and direct referrals to Brazos Healthy Communities; and evidence-based pay for outcomes model that connects individuals to community resources, and health professions education. Other efforts that support access to care are various support groups, the HeartSmart Program, health navigators, and prenatal education. 2. Chronic Disease The hospital's initiatives to address Chronic Disease are anticipated to result in increased education and disease management for various populations in our community. Efforts addressing chronic disease include the hospital-sponsored diabetes education program, health resource centers (4), health coach services for patients with type 2 diabetic and obesity, the HeartSmart program, and various support groups. 3. Mental Health The hospital's initiatives to address mental health services are anticipated to result in expanded access to mental health services for our vulnerable populations (i.e., senior, rural, and low-income residents). All counties in the hospital service area are considered an HPSA for Mental Health Professionals. In an effort to support an increase in mental health services offered to our area, St. Joseph Health provides support to local and rural mental health services; Senior Renewal, Telehealth Counseling Services, and depression screenings. 4. Preventive Practices High numbers of preventable hospital stays and lack of primary care providers and access to specialty care is a likely contributor to low screening rates in the Region. Efforts to improve preventive practices include: a diabetes education program, participation in health fairs throughout the year, various screenings including blood pressure, blood glucose, and cholesterol, etc., and immunization clinics. St. Joseph Health implements, promotes, and supports numerous health and safety education events and activities throughout the year. Community Health Fairs, new parent education and injury prevention programming, CPR and First Aid training, free health screenings and immunizations. 5. Health Professions Education Educational opportunities for certain health professions and clinical rotation opportunities are provided through several St. Joseph Health facilities, in collaboration with area college campuses and their specific health and medical education departments. First, second, and third year residents in medicine; physician assistants, nurse practitioners, nursing, EMS, radiology, physical therapy assistants, pharmacy students and others accessed education in St. Joseph Health facilities.

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: