

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**
2016

Facility Identification (FID): 391525 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHI St Lukes Health - Brazosport **County:** Brazoria

Mailing Address: 100 Medical Dr. Lake Jackson, Tx 77566

Physical Address if different from above: _____

Effective Date of the current policy: 03/14/2012

Date of Scheduled Revision of this policy: 03/14/2019

How often do you revise your charity care policy? As needed

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

Name of the office/department: Business Office

Mailing Address: 194 Abner Jackson, Lake Jackson, TX 77566

Contact Person: Jacob Simpson Title: Manager

Phone: (979) 415-2212 Fax: _____ E-Mail jacob.simpson@brhstx.org

Person completing this form if different from above:

Name: Chuck Jeffress Phone: (979) 285-1802

* 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.state.tx.us/chs/hosp under 2014 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.state.tx.us/chs/hosp/.

I. Charity Care Policy:

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

POLICY It is the policy of Catholic Health Initiatives (CHI), its tax-exempt Direct Affiliates¹ and tax-exempt Subsidiaries² which Operate a Hospital Facility [collectively referred to as CHI Hospital Organization(s)] to provide, without discrimination, Emergency and other Medically Necessary Care (herein referred to as EMCare) in CHI Hospital Facilities to all patients, without regard to a patient's financial ability to pay. **PRINCIPLES** As Catholic health care providers and tax-exempt organizations, CHI Hospital Organization(s) are called to meet the needs of patients and others who seek care, regardless of their financial abilities to pay for services provided. The following principles are consistent with CHI's mission to deliver compassionate, high-quality, affordable healthcare services and to advocate for those who are poor and vulnerable. CHI Hospital Organizations strive to ensure that the financial ability of people who need health care services does not prevent them from seeking or receiving care. **Emergency Care** - CHI Hospital Organizations will provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for Financial Assistance or for government assistance in CHI Hospital Facilities. **Other Medically Necessary Care** - CHI Hospital Organizations are committed to providing Financial Assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for non-emergent Medically Necessary Care provided in CHI Hospital Facilities.

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 provided in a Hospital Facility and who meet the eligibility criteria for such assistance. Fin

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

Check one.⁵

1. <100%

4. <200%

2. <133%



5. Other, specify Less than 300%

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**.

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 _____

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 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.

Business Office , 194 Abner Jackson, Lake Jackson, Tx 77566

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 govt 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

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 6 months before and after application

10. How does the hospital notify the patient about their eligibility for charity care?

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).

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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).

1. Cash Donations 2. Community Based Clinical Services a. 2016 Community Flu Shot Campaign i. Our hospitals annual campaign to provide free flu shots to community members at various community centers in the area ii. Access to care services for the broader population b. Sports Physicals for BISD i. Athletic physicals provided to students at local school district ii. Access to care services for the broader population 3. Community Benefit Operations/Dedicated Staff a. Healthy Communities Council i. Activities of the members of the Health Communities Council, the workgroup managing all of the community benefit activities in the organization ii. Community benefit operations for the broader community 4. Community Health Education a. Childbirth Marathon Class i. A free 7 hour course that reviews the childbirth experience with expecting mothers and their partners ii. Community health education for the broader community b. Diabetes Support Group i. Monthly gathering of the diabetes community for community and professional support featuring a speaker and diabetes specific topics ii. Community health education for the broader community c. DOTS i. DOTS is our accredited diabetes outpatient training program designed to provide the latest information and instruction on diabetes care ii. Community health education for the broader community d. Stroke Support Group i. Community group designed specifically to create support structures for stroke victims and provide information on preventative steps ii. Community health education for the broader community e. Basic Life Support Class i. Educational program for community members to be trained and certified in Basic Life Support skills ii. Community health education for the broader community f. 2016 Breast Cancer Awareness Campaign i. Campaign to raise breast cancer awareness in our community ii. Community health education for the broader community 5. Community Service/Coalition Building 6. Community Service/Community Support a. Catholic Charities Share Your Blessings Christmas Campaign i. Volunteer opportunity for employees with Catholic Charities to assist with their Share Your Blessings Christmas Campaign. The department sorted toys, priced toys and put together gift bags for refugees. ii. Serving the needy in the community b. CHI Service Event i. Serving Food to Homeless i. Volunteer opportunity for senior leadership to serve food to the homeless in Houston ii. Serving the needy in the community 7. Community Service/Physical Improvements and Housing 8. Health Care Support Services

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 twelfth 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.state.tx.us.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: