

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): 4816024 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: El Campo Memorial Hospital **County:** Wharton

Mailing Address: 303 Sandy Corner RD, El Campo, TX 77437

Physical Address if different from above: same

Effective Date of the current policy: 10/01/2015

Date of Scheduled Revision of this policy: 10/01/2017

How often do you revise your charity care policy? Annually-chg in personnel prevented this

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

Name of the office/department: Financial Assistance Department

Mailing Address: 303 Sandy Corner Rd, El Campo, TX 77437

Contact Person: Pam Balderas Title: Case Manager

Phone: (979) 578-5254 Fax: (979) 543-8420 E-Mail pbalderas@ecmh.org

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.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.

El Campo Memorial Hospital will make available Charity Care to persons eligible as part of its mission to serve the health care needs of the community. El Campo Memorial Hospital will provide Charity Care to patients who cannot afford to pay for their own medical care based on set criteria and guidelines of the Texas Health and Safety Code, Ch 61. Because ECMH will provide care regardless of the patient's ability to pay there may be individuals who require additional financial assistance. Such financial assistance is considered Charity 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.

Financial assistance for those persons without the ability to pay for services based on set criteria.

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 - Patients whose medical bill after payment by third-party payers exceeds 15% of the patients annual household gross income and who are unable to pay the remaining bill. ECMH may consider other financial assets and liabilities of the p

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

YES NO If yes, please briefly summarize method.

See above. ECMH will take a look at total assets and other liabilities when determining ability to pay within the one-year period.

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 at ecmh.org

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.
Mid Coastal Medical clinic , 300 Sandy Corner Rd., El Campo, Tx

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 Notarized Financial Assistance Form

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 application must be completed

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
50% - 100% depending on financial
- d. Other, please specify situation

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? 14 days maximum

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

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).

DOTS-diabetes education with the target population being those having difficulty managing their diabetes, weight and associated chronic diseases. PS Screenings, Drive by flu shots, free mammograms food drives for needy families. Medical discount card for services, youth fair, Blood Drives, Red Cross baby sitter training. Relay for Life, Health topics on the radio every Wednesday to raise awareness. School immunizations and physicals. Health Fair Screening, CPR and healthy kidney lunch and learns each month.

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: