

**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\*\***  
**2017**

<b>Facility Identification (FID):</b> 2490040	(Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** CHRISTUS SPOHN HOSPITAL - ALICE **County:** JIM WELLS

**Mailing Address:** 2500 E MAIN, ALICE, TX 78332

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 09/01/2014

**Date of Scheduled Revision of this policy:** 09/01/2017

**How often do you revise your charity care policy?** 3

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

Name of the office/department: PATIENT ACCESS DEPARTMENT

Mailing Address: 2500 E MAIN, ALICE, TX 78332

Contact Person: YOLANDA ESCOBAR Title: PATIENT ACCESS REPRESENTATIVE

Phone: (361) 902-4045 Fax: (361) 881-1462 E-Mail yolanda.escobar@christushealth.org

Person completing this form if different from above:

Name: REYAAN ALI Phone: (361) 881-3627

\*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](http://www.dshs.texas.gov/chs/hosp) under 2017 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/](http://www.dshs.texas.gov/chs/hosp/).

**I. Charity Care Policy:**

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

To provide services in keeping with the Mission, Vision, and core Values of CHRISTUS Spohn Health System, each facility will provide charity care services in a manner that respects the dignity of the patients and their families

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 is defined by the State of Texas as the un-reimbursed (or unpaid) costs of providing, funding, or otherwise financially supporting services on an inpatient or outpatient basis to a person classified by the healthcare center as financially or medically indigent. Classification may occur before, during, or after services have been provided.

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

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- 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 shall mean the patient whose medical or hospital bills after payment by third-party payers exceeds 10% of the person’s annual gross income and who is financially unable to pay the remaining bill. The patient who incurs catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system. In addition, medically indigent shall also include the residual amount, net of third party payer payment, from catastrophic medical expenses which exceeds 10% of the patient’s annual gross income. (This is frequently referred to as ‘Catastrophic Free Care’.)

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 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.

ONLINE - WEB LINK BELOW, <https://www.christushealth.org/patient-resources/financial-assistance>

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 \_\_\_\_\_

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 before

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? 2 weeks

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). cosmetic procedures

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).

¿ Care Van - Community Health & Wellness Events o Preventable hospitalization (prevention) o The CHRISTUS Spohn CareVan mobile unit operates to provide free health services to the underserved and uninsured in our South Texas Community. The CareVan is staffed by a dedicated group of healthcare providers; Nurse Practitioner, Registered Nurses, Community Health Worker, Medical Assistants, Transporters and Volunteers from various professional backgrounds to provide much needed services to the community. Many non-profit organizations partner with the CareVan to expand access to care and provide services. o Underserved ¿ Care Van - Women's Services o Women's Health o The CHRISTUS Spohn CareVan travels throughout the Coastal Bend (including rural communities) providing free Women's Services and Prenatal Care to uninsured and underserved women. These services include: physical exams, Pap smears, breast exams, STD testing and treatment, pregnancy testing, and prenatal care. Women who are receiving prenatal care through our CareVan are referred to a physician or clinic in their seventh month of pregnancy for continuing care. o Underserved ¿ Equipment Assistance/Transportation Services o Access o Spohn provides assistance to unfunded patients to obtain needed medical equipment that they are unable to obtain upon discharge (i.e. walkers, wheelchairs, etc) and/or assists in providing transportation by cab, wheelchair cab, or ambulance to aftercare. o Underserved

## **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. ¿ Clinical Supervision - Health Care Students o Health Literacy/Education o CHRISTUS Spohn opens its doors to two area Colleges and the local University's nursing school students. The students are placed in nursing units to fulfill their clinical rotation requirements. While in a unit, all nursing students are supervised by at least one Spohn nurse. o Broader Community ¿ Clinical Supervision - High School Students o Health Literacy/Education o CHRISTUS Spohn opens its doors to 5 area high schools "Health Science Technology" programs. These schools allow selected students to participate in on-site clinical rotations. During their time on a Spohn campus, the students are placed in different areas/units of the hospital and shadow a nurse/supervisor to see and experience first-hand what each different area/unit does and how that contributes to the overall success of a hospital. o Broader Community ¿ Clinical Pastoral Education o Health Literacy/Education o CHRISTUS Spohn Clinical Pastoral Education Program provides education in the pastoral ministry and care of persons receiving treatment in a multidiscipline, faith-based hospital. The Residency program focuses on pastoral theology, grief and loss, developmental and behavioral theories, group and systems theory, Latino Cultures, and providing care to all, especially the underserved. o Broader Community ¿ Community Benefit Data Analysis - Jeff o Community Planning o The time of a dedicated finance associate that is spent gathering community benefit data from Spohn's finance department and financial systems on a monthly basis, the analysis and finalization of the data, and the distribution of the monthly data to members of Spohn's Community Benefit team for review and reporting. o Broader Community ¿ Collaborative o Community Planning o CHRISTUS Spohn associates head a region wide community health collaborative called "The

Coastal Bend Health Finder Collaborative", on a monthly basis. The collaborative is open to any and all members of the region that are involved in community health and/or are health professionals. The goals of the collaborative are to: reduce preventable hospitalizations, target at-risk/underserved areas of the community and provide education and services, keep each other informed on programs and services that are being offered throughout the community, eliminate any overlap of services and instead collaborate to provide the service, and to plan, organize, and conduct community health and outreach events. Each month we discuss upcoming events, provide updates of each entity's program(s)/service(s), and give opportunity for discussion of new ideas or ventures that the collaborative or members of the collaborative can take part in.

- o Broader Community
- ı Mission of Mercy Blood Draws
- o Access
- o CHRISTUS Spohn is partnered with Mission of Mercy in order to help them in their efforts and to further serve the underserved population in our community. Spohn's contributes to this mission by completing all required/referred blood draws/lab work for any Mission of Mercy patient (that is referred to us) free of charge.
- o Underserved
- ı ED Navigators
- o Access
- o Spohn Memorial hosts navigators in its Emergency Department that solely focus on providing one-on-one assistance to patients that are in need of guidance. The navigators identify patients that are in the Emergency Department for a preventable hospitalization, who are "frequent flyers", or are referred to patient's in-need by the Emergency Department staff. They then provide the patients with resources, information, and/or assist them in the necessary steps to get assistance. When needed, the navigators also follow up with patients and/or ask them to return to give additional assistance and/or complete initial assistance.
- o Underserved

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**NOTE:** This is the sixteenth 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:**