

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

Facility Identification (FID): 2533320	(Enter 7-digit FID# from attached hospital listing)***
-----------------------------------------------	--------------------------------------------------------

Name of Hospital: Stamford Memorial Hospital **County:** Jones

Mailing Address: P.O. Box 911

Physical Address if different from above: 1601 Columbia Street

Effective Date of the current policy: 04/30/2018

Date of Scheduled Revision of this policy: 06/30/2018

How often do you revise your charity care policy? At least annually

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

Name of the office/department: Administration

Mailing Address: P.O. Box 911

Contact Person: Elizabeth Miller Title: CFO

Phone: (325) 773-4711 Fax: (325) 773-3781 E-Mail emiller@stamfordhosp.com

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 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/.

I. Charity Care Policy:

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

Jones County Regional Healthcare System d/b/a Stamford Memorial Hospital and Stamford Health Clinic (System) will provide necessary medical care without regard to race, creed, color, national origin or financial status. Furthermore, the System will satisfy the hospital district statutory requirements by providing care for the indigent of the Stamford Hospital District according to the Indigent Care Agreement dated 1/1/2013 between System and Stamford Hospital District. System will provide this care through its Indigent Healthcare Program pursuant to guidelines set forth in Chapter 61 of the Health and Safety Code. Financial assistance only applies to medical services provided by the System but is not limited to only Stamford Hospital District residents. Experimental or cosmetic procedures are not covered under this policy. Emergency medical services will be provided regardless of the patient's ability to pay.

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

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

Financially Charitable: A financially charitable patient means someone who is uninsured and is accepted for care with no obligation or a discounted obligation to pay for the medical services based on the criteria set forth in this policy. In the case of the uninsured patient who qualifies as financially charitable, all charges will be adjusted to equal Medicare rates A.To be eligible for charity care, a person's income and family size will be compared to the current federal poverty guidelines. The System may consider other financial assets and liabilities of the person when determining eligibility. A charity discount schedule which indicates the amount of discount for which a patient is eligible is attached and will be used to determine the percentage discount for which the patient is eligible. This sliding scale is based on the federal poverty income guidelines and will be reviewed and updated annually. B.The System will not establish eligibility criteria for charity patients which set the income level for charity care lower than that required for counties under the Texas Indigent Health Care and Treatment Act, or higher than 500 percent of the federal poverty income guidelines. The System may, however, adjust the eligibility criteria from time to time based on the financial resources of the System and as necessary to meet the charity care needs of the community. 2.Medically Charitable: A patient is medically charitable when the Medical service after any payment by third-party payers exceeds 5% of the family weekly gross income or their income is under 500% of the Federal Poverty Level (based on most recent pay stub, if available). The System may consider other financial assets and liabilities of the person when determining ability to pay. A charity adjustment will be made to reduce the financial obligation to 5% of the family weekly gross income with a minimum charge of \$50.00 for hospital and \$10.00 for clinic services. In the case of an under-insured patient, there are regulatory restrictions with which the System must abide regarding partial charity discounts, but a discount is available for services excluded by their health plan. A.If a determination is made that a patient does have the ability to pay the remainder of the bill, this does not prevent a reassessment of the patient's ability to pay at a later date when financial circumstances have changed. B.If a patient has Medicaid or Medicare/Medicaid and for some reason the medical service is not covered, the charges for this uncovered service are considered Charity Care. This patient would be considered self-pay for these services. 3.Indigent Health Care Program: A patient qualifies for the Indigent Health Care Program who is a resident of the Stamford Hospital District and a U.S. resident and meets strict income guidelines set forth in the Texas County Indigent Healthcare Program. The Indigent Health Care Program is governed by a separate policy and guidelines. Failure to report changes in income or assets within fourteen days can result in cancellation of eligibility for financial assistance.

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 500

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 Charitable: A patient is medically charitable when the Medical service after any payment by third-party payers exceeds 5% of the family weekly gross income or their income is under 500% of the Federal Poverty Level (based on most recent pay stub, if available). The System may consider other financial assets and liabilities of the person when determining ability to pay. A charity adjustment will be made to reduce the financial obligation to 5% of the family weekly gross income with a minimum charge of \$50.00 for hospital and \$10.00 for clinic services. In the case of an under-insured patient, there are regulatory restrictions with which the System must abide regarding partial charity discounts, but a discount is available for services excluded by their health plan. A.If a determination is made that a patient does have the ability to pay the remainder of the bill, this does not prevent a reassessment of the patient's ability to pay at a later date when financial circumstances have changed. B.If a patient has Medicaid or Medicare/Medicaid and for some reason the medical service is not covered, the charges for this uncovered service are considered Charity Care. This patient would be considered self-pay for these services.

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

YES NO If yes, please briefly summarize method. The System may consider other financial assets and liabilities of the person when determining ability to pay.

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 _____

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.

Stamford Memorial Health Clinic, 1303 Mabee Drive Stamford TX 79553

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 _____

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? 5

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).

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).

Stroke Awareness Event - May 2018 Organized a wellness committee for system employees to coordinate system and community wellness events to address chronic diseases such as diabetes and heart disease (Walk with the CEO, Walk Across Texas, Wellness Wednesday education emails)
Collaborate with the Stamford Food Pantry to provide food for needy families

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.

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

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: