

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

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| Facility Identification (FID): 4816024 | (Enter 7-digit FID# from attached hospital listing)*** |
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Name of Hospital: El Campo Memorial Hospital **County:** Wharton

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

Physical Address if different from above: _____

Effective Date of the current policy: 04/01/2018

Date of Scheduled Revision of this policy: 04/01/2019

How often do you revise your charity care policy? semi annually

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: 303 Sandy Corner Road, El Campo, TX 77437

Contact Person: Lisa Altenhoff Title: Director of Business Office

Phone: (979) 578-5141 Fax: (979) 543-8420 E-Mail laltenhoff@ecmh.org

Person completing this form if different from above:

Name: David Mak Phone: (979) 528-5254

*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.

As part of the Hospital’s mission to serve the health care needs of Wharton County, and as required to be a Medicare provider, Hospital will provide financial assistance to patients without financial means to pay for Hospital services. Financial assistance will be provided to all qualifying patients who present themselves for care at Hospital without regard to race, religion, sexual orientation or national origin and who are classified as financially indigent or medically indigent according to this policy. Hospital shall determine the ability of patients and/or legally responsible individuals to make payments for Hospital services taking into consideration the rights and human dignity of the individual. Every effort shall be made to stimulate an attitude of independence through encouraging the person to develop his or her own resources; however, prompt determination of need and supplying care and treatment is in the best interest of the patient’s welfare. The individual’s right of self-determination dictates the retention of choice of whether or not he or she seeks financial assistance. Therefore, in all cases the request for aid and the proof of eligibility is the responsibility of the patient. Hospital will maintain the confidentiality of patient’s financial and medical information. This policy is intended as a guideline for determining eligibility of the individual and the charity responsibility of the Hospital. Because the policy addresses individuals in a healthcare environment, it may become necessary for the Hospital to make an exception or to override this policy. With appropriate documentation, the Hospital Administrator along with approval from the Chief Financial Officer may make exceptions in catastrophic cases.

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

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

All patients who cannot provide major medical insurance, Medicare, Medicaid, or other third party payment services and who request assistance through the El Campo Memorial Hospital (Hospital); Charity Care Program (CCP) will be screened for their ability to pay charges. Also, those patients with insurance whose co-insurance amount is excessively high may apply under the same CCP guidelines as those with no insurance. Hospital reserves the right to refuse assistance for debts incurred due to drug and/or alcohol related diagnosis. The amount of charity applied to an account will be determined by the guidelines established through this policy. Charity care does not include private physician charges, tests performed by other facilities, or care provided in other hospitals. Charity care will always be a payer of last resort. A program will be established to monitor and verify all charity applications.

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

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- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify 300%

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**.

2. Medically Indigent. a. A medically indigent patient is defined as a person whose medical or hospital bills after payment by third-party payers exceed a specified percentage of the person's annual gross income as established in this policy and who is unable to pay the remaining bill. b. To be eligible for financial assistance as a medically indigent patient, the amount due and owing by the patient on the Hospital bill after payment by third party payers must exceed 30 percent of the patient's annual gross income and the patient must be unable to pay the remaining bill. The Hospital may consider other financial assets and liabilities of the person when determining ability to pay. Hospital bills greater than 30 percent of annual income may be eligible for 100 percent discount, subject to Hospital approval. c. A determination of a patient's ability to pay the remainder of the bill will be based on whether the patient can reasonably be expected to pay the account in full over a three (3) year period. d. If a determination is made that a patient has the ability to pay the remainder of the bill, such a determination does not prevent a reassessment of the patient's ability to pay at a later date.

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.

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?

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).

The hospital along with the various clinical location offer several healthcare awareness events around the year. Senior citizens are invited to participate in events that promotes health screening. The hospital is also actively promote wellness activities including offering smoking cessation.

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 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: