

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**
2019

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

Name of Hospital: CHI St. Luke's 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: 3/14/2020

Date of Scheduled Revision of this policy: 3/14/2023

How often do you revise your charity care policy? Three (3) years

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 Parkway, Lake Jackson, TX 77566"

Primary Contact: Chuck Jeffress Primary Title: CFO

Primary Phone: (979) 285-1802 Primary Fax: (979) 297-6905

Person completing this form if different from above:

Name: Jacob Simpson Title: Manager

Phone: (979) 415-2212 Fax: (979) 285-1730

Second Person completing this form if different from above:

Name: Chuck Jeffress Title: (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.texas.gov/chs/hosp under 2019 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 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."

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

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

"It is the policy of Catholic Health Initiatives (CHI), its tax-exempt Direct Affiliates¹ and taxexempt 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."

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**.

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 http://www.brazosportregional.org/about_your_visit/financial_assistance.aspx

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, "197 Abner Jackson Pkwy, 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 "German, Vietnamese, Chinese"

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? 1

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).

"IN THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, ST. LUKE'S BRAZOSPORT IDENTIFIED BEHAVIORAL/MENTAL HEALTH SERVICES, SUICIDE PREVENTION, CANCER PREVENTION, PREVENTION SERVICES, OBESITY, AND HEART DISEASE AS SIGNIFICANT NEEDS. ST. LUKE'S BRAZOSPORT PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS BEHAVIORAL/MENTAL HEALTH SERVICES AND SUICIDE PREVENTION: *EXPLORE IMPLEMENTING TELEMEDICINE FOR PSYCHIATRY *EXPLORE PARTNERING WITH PSYCHIATRY RESIDENCY PROGRAM WITH CHI/BAYLOR SCHOOL OF MEDICINE *PROVIDE LISTING OF SERVICES AND PROVIDERS TO COMMUNITY AND FAMILIES *PROVIDE SUPPORT FOR JOINT MEETING OF COMMUNITY MENTAL HEALTH RESOURCES, INCLUDING ALZHEIMER'S, DEMENTIA, AND OTHER MENTAL HEALTH ISSUES *SUICIDE PREVENTION EDUCATION PROVIDED TO PATIENTS WITH MODERATE RISK OR ABOVE ST. LUKE'S BRAZOSPORT PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS CANCER PREVENTION: *EXPANDING PARTNERSHIP WITH THE DAN DUNCAN CANCER CENTER (BAYLOR SCHOOL OF MEDICINE) *EDUCATION ON RESOURCES AVAILABLE (CLINICAL, FUNDING, ETC.) THROUGH THE FACILITY *ADDING AND UTILIZING AN ADDITIONAL CT SCANNER ST. LUKE'S BRAZOSPORT PLANS TO TAKE THE FOLLOWING STEPS TO ADDRESS OBESITY: *EXPLORE PARTNERING WITH EXISTING AND FUTURE EVENTS IN THE SERVICE AREA TO ENCOURAGE PHYSICAL ACTIVITY "

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 eighteen 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: