

**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\*\***  
**2018**

**Facility Identification (FID):** 1892840 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Covenant Hospital Plainview **County:** Hale

**Mailing Address:** 2601 Dimmitt Road, Plainview, Texas 79072

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

**Effective Date of the current policy:** 05/01/2019

**Date of Scheduled Revision of this policy:** 05/01/2020

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

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

Name of the office/department: Revenue Cycle Services

Mailing Address: 2601 Dimmitt Road, Plainview, Texas 79072

Contact Person: Jackie Carthel Title: Manager Patient Access

Phone: (806) 291-3347 Fax: (806) 291-5688 E-Mail Jacquelin.Carthel@stjoe.org

Person completing this form if different from above:

Name: Cassie Mogg Phone: (806) 296-4270

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 2018 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.

SJH is a not-for-profit healthcare organization guided by a commitment to its Mission of serving all, especially those who are poor and vulnerable, by its Core Values of compassion, dignity, justice, excellence and integrity, and by the belief that healthcare is a human right. It is the philosophy and practice of each SJH hospital that emergent and medically necessary healthcare services are readily available to those in the communities we serve, regardless of their 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.

SJH will provide free or discounted hospital services to qualified low income, uninsured and underinsured patients when the ability to pay for services is a barrier to accessing medically necessary emergency and other hospital care and no alternative source of coverage has been identified. Patients must meet the eligibility requirements described in this policy to qualify

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

5

1. 100%

4. <200%

2. <133%

☒ 5. Other, specify

More than 175%,  
Less than 300%

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**.

Guarantors who do not meet financially indigent guidelines and their gross annual income is less than 300% of the federal poverty guidelines.

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 \_\_\_\_\_

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? 30

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). Elective 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).

1. Healthy Kids 2020: A nutrition and health program for youth to educate and encourage them to maintain good health in body, mind and spirit. The program is provided free to the community. Multiple events are offered to promote healthy such as health cooking classes, bike rallies and campouts. The HK2020 club kids club meets monthly to learn about health, volunteerism, hand hygiene, gardening and other topics related to lifestyle. Students who participate in at least 10 activities per year and keep a journal earn prizes. Through a collaboration with the YMCA HK2020 members can attend the Cardio Kids classes at Plainview YMCA for free! 2. Dental Outreach Program: Community Outreach Mobile Dental Clinic offers comprehensive dental care for adults. This is a collaboration between Covenant Plainview, Covenant Lubbock and the Plainview Health Department. A denture program is also offered with this service. The mobile dental serves low-income adult patients in Lubbock, Hockley and Hale Counties. There is a sliding fee scale based on income level. No one is denied based on inability to pay. 3. Go Noodle Plus: Covenant Health purchased GoNoodle Plus for all schools within Hale County to bring movement and mindfulness videos directly into the classroom. The videos help teachers make learning active by giving kids “brain breaks” that allow them to run, jump, dance and stretch, as well as practice moments of mindfulness right next to their desks. Teachers can create content that addresses specific areas of curriculum to increase retention. It’s a method that’s proven to increase academic performance, behavior and childhood health. This is for all elementary school students residing in Hale County.

**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 eighteenth 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](mailto:dwayne.collins@dshs.texas.gov).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**