



FY 2014 Community Health Implementation Plan
Updated Community Health Implementation Plan FY 2015

Our Mission

To extend the healing ministry of Jesus Christ

Our Vision

CHRISTUS HEALTH, a Catholic health ministry, will be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love.

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Executive Summary

CHRISTUS Spohn Health System is part of CHRISTUS Health, formed in 1999 to strengthen the 147-year-old, faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio. Founded on the **Mission "to extend the healing ministry of Jesus Christ,"** CHRISTUS Health reaches out to, and beyond, the more than 60 communities we serve to help those in need.

The **Vision of CHRISTUS HEALTH**, a Catholic health ministry, is to *"be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love."*

CHRISTUS Spohn Health System responds to the health care needs through services provided at CHRISTUS Spohn Hospital Corpus Christi with three campuses -- the 557-bed Shoreline campus, the 341 bed Memorial campus, and the 158-bed South campus. Additionally, we serve our communities through CHRISTUS Spohn Hospital Kleberg with 100 beds in Kingsville, CHRISTUS Spohn Hospital Alice with 135 beds in Alice, and CHRISTUS Spohn Hospital Beeville in Beeville with 69 beds with 69 beds. Each of the facilities of CHRISTUS Spohn Health System shares one objective - to lead the way to a healthier community.

The CHRISTUS Spohn Health System is located along the lower Texas coastal area (often called the Coastal Bend); its service area includes a 15-county area with a population of more than 598,733 individuals. In our fiscal year 2013, we were privileged to serve hundreds of thousands of individuals in various ways including over 178,000 visits to our emergency departments; over 11,000 inpatient surgery procedures; over 11,000 outpatient surgery procedures; over 46,000 patients who were admitted to our hospitals for care and over 437,000 patients who received outpatient care at our facilities.

Touching the lives of the people around us is what makes CHRISTUS Spohn Health System stand apart. Allowing others to touch us gives us a vision for the medically needy in each of the communities we serve. Whether it is the life of a child expecting a future filled with miracles, the life of a man in need of a critical heart surgery, or the life of a woman about to give birth to her first child, CHRISTUS Spohn Health System's health care services work to provide the highest quality care regardless of an individual's ability to pay.

The CHRISTUS Spohn region offers comprehensive health care ranging from its primary care family health clinics, to its six acute care hospitals, the only Level II Trauma Center in the region, and the only inpatient behavioral medicine program that accepts the uninsured. In addition, a comprehensive Cancer Center, Palliative Care program and collaboration with CHRISTUS Home Health and CHRISTUS Hospice provides care for patients and their families at the end of life.

Each of the six CHRISTUS Spohn hospitals provides service lines to meet the needs of their local community. The rural community hospitals of Alice, Beeville and Kingsville are able to transfer more critically ill patients to the CHRISTUS Spohn - Corpus Christi facilities. A brief summary of the major service lines of each facility follows:

CHRISTUS Spohn Hospital Corpus Christi - Shoreline

- Cardiovascular – including advanced diagnostic, accredited chest pain center. surgical and rehabilitative cardiac services
- Neuroscience Program – including accredited stroke program, neurosurgery, Neurological Movement and Degenerative Disorders
- Orthopedic, Oncological, Vascular, Urological, Plastic and General Surgery
- Intensive Care Units
- Emergency Department
- Cancer Center which includes outpatient infusion and radiation, Breast Care Navigator program and support groups, and Cyberknife Cancer treatment

CHRISTUS Spohn Hospital Corpus Christi – Memorial

- Only Level II Trauma Center south of Austin
- Inpatient Psychiatric Services
- Family Practice and Emergency Medicine Residency Programs
- Family Practice Clinic and Specialty Clinic
- Orthopedic, Oncology, Cardiac, General Surgery
- Intensive Care Units
- Dental and Ophthalmology services

CHRISTUS Spohn Hospital Corpus Christi – South

- Women's Services including obstetrics and gynecology
- Level III Neonatal Intensive Care Unit
- Advanced diagnostic, medical, surgical, emergency department
- DaVinci robotic surgery
- Intensive Care Units

CHRISTUS Spohn Hospital Alice

- Medical and Surgical services
- Emergency Department
- Obstetrics
- Pediatrics
- Inpatient Gero-psychiatric
- Intensive Care Unit

CHRISTUS Spohn Hospital Beeville

- Medical and Surgical services
- Emergency Department
- Obstetrics
- Physical Therapy Center
- Intensive Care Unit

CHRISTUS Spohn Hospital Kleberg

- Medical and Surgical services
- Emergency Department
- Obstetrics
- Pediatrics
- Cissy Taub Women's Center including Digital Mammography
- Colston Family Physical Rehabilitation and Wellness Center
- State of the art Ida Larkin Clement Intensive Care Unit

Recognition and Awards for CHRISTUS Spohn Health System:

Our caring and dedicated team of physicians, nurses and other skilled health care professionals are committed to carrying on the rich heritage of compassionate care that has made CHRISTUS Spohn Health System a trusted health care partner in the Coastal Bend community for over 100 years. This excellent care and service to the community has been recognized by other groups including:

- Named one the Coastal Bend's top three employers by the Corpus Christi Human Resource Management Association
- Voted "Best Hospital" by the *Corpus Christi Caller Time's* "Best of the Best" Consumer Choice Awards for the 18th year in a row.

- CHRISTUS Spohn Hospital Corpus Christi – *Shoreline* received Chest Pain Accreditation with Percutaneous Coronary Intervention by the Society of Chest Pain Centers. *Shoreline* is the only hospital in the region that has earned this designation.
- CHRISTUS Spohn Hospital Corpus Christi-*Shoreline* earned state designation as a “Designated Stroke Center”. Also a recipient of the Silver Performance Award for the American Stroke Association’s “Get with the Guidelines Program”. *Shoreline* was also named an Advanced Primary Stroke Center by the Joint Commission.
- CHRISTUS Spohn Hospital Kleberg’s laboratory was awarded an accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists (CAP).
- Kleberg also received full accreditation from the JCAHO and received “Distinguished Certification” for its Infant Hearing Program.
- CHRISTUS Spohn Health System is the recipient of Health Grade’s Clinical Excellence Award for the 6th year in a row.
- CHRISTUS Spohn Hospital Corpus Christi – *Shoreline* and *Memorial* are the recipients of the “Medal of Honor for Organ Donation” from the United States Department of Health and Human Services. A “Wall of Heroes,” remembering past organ donors was dedicated and received media recognition
- CHRISTUS Spohn Hospital Corpus Christi – *Shoreline* is the recipient of the National Research Corporation’s Consumer Choice Award for most preferred, overall quality, and image.
- The Association of Clinical Pastoral Education, Inc. (ACPE) has awarded the CHRISTUS Spohn Clinical Pastoral Education program a full 10 year accreditation
- CHRISTUS Spohn Cancer Center is CoC Accredited through the American College of Surgeons.

Community Benefit Summary FY2013

CHRISTUS Spohn Health System Region provided close to \$89.8 million in quantifiable community benefit programs and services in **FY2013 (prior fiscal year based on State of Texas or AHA Calculation)**. The three major categories of Community Benefit Reporting are:

CHARITY CARE AND MEDICAID: Expense: \$81,608.196; Grants: \$-0-

CHRISTUS Spohn Health System adheres to the Catholic Health Association’s: “A Guide for Planning and Reporting Community Benefit” (2012), and complies with the State of Texas requirements for reporting. Community Benefit, reported as unpaid costs, includes both Charity Care and Community Services.

To the limits of its resources, CHRISTUS Health is an institution of purely public charity; thus, the most tangible expression of CHRISTUS Health’s charitable purpose is the provision of health care services to those persons who are unable to pay. This falls into two categories: Charity Care and Unpaid Government Indigent Care.

In keeping with the mission, values, and vision of CHRISTUS Health, CHRISTUS Spohn Health System provides Charity Care services in a manner that respects the dignity of the patients and their families. Charity Care is defined as services provided without charge or at a charge that is less than the usual charge for such services. The determination as to the amount to charge, if any, is according to a patient’s ability to pay as determined by the established eligibility criteria. For uninsured patients whose economic circumstances place them at or under 200 percent of the Federal Poverty Guidelines (FPL), services are provided without any expectation of payment. Uninsured patients whose economic circumstances place them between 200 and 400 percent of FPL are charged based on a sliding scale and those above 400 percent receive discounts based on the uninsured fee schedule.

CHRISTUS Spohn also discounts care for those whose medical expenses would deplete their financial resources. If a bill, after all payments, is still in excess of 25% of the family’s annual gross income, the remaining bill is discounted.

No patient is refused necessary medical care due to inability to pay.

CHRISTUS Health is an active participant in the State of Texas Medicaid Programs. Those programs seek to provide payment for health care services to individuals who meet certain financial and other requirements. Financial requirements include evaluation of both assets and income.

COMMUNITY SERVICES FOR A BROADER COMMUNITY: Expense: \$8,226,855; Grants: \$-0-

The greatest share of these expenses is for educating health professionals. Helping to prepare future health care professionals is a distinguishing characteristic of not-for-profit health care and constitutes a significant community benefit.

OTHER GOVERNMENT SPONSORED SERVICES: Expense: \$28,556,662; Grants: \$-0-

In addition to the provision of Charity Care and other community services, CHRISTUS Spohn Health System provides services to persons covered under government-sponsored programs, including Medicare and TRICARE. The non-reimbursed cost of these services is reported to the State of Texas, but is not included in federal reports since CHRISTUS Health follows Catholic Health Association guidelines.

CHRISTUS Health provides services to persons covered under the federal Medicare Program, and in fact, this is the largest single payor classification of patients served by this health system. The payment rate for inpatient services is on a case rate, calculated based on the diagnostic-related group (DRG) into which the patient is categorized. Outpatient services are reimbursed per the Medicare fee schedule.

Organizational Commitment

A. HOSPITAL'S ORGANIZATIONAL AND BOARD COMMITMENT

The CHRISTUS Spohn Board of Directors is given the status of the health system's community benefit activities on an annual basis. This includes updates on the Community Needs Assessment, strategic initiatives addressing the health needs of the community, and the budget for community benefit activities. The VP of Mission Integration and Chief Financial Officer are responsible for the accurate reporting of community benefit activities; however, the CEO and the Executive Team all contribute to the strategic initiatives aimed at improving the community's health.

In FY2014, the focus of the Executive Team will be expanding access to primary care and chronic disease management for vulnerable patients. Access to primary care moving toward a medical home model will be provided through our six Family Health Centers, two clinics (Beeville and Freer) and the six FQHC's CHRISTUS Spohn partners with in the region. Chronic disease management, especially those with diabetes, heart disease and hypertension will occur through the coordination of care by Community Health Workers for patients seen in our Family Health Centers and patients who are discharged from one of our hospitals with a chronic disease diagnosis. In addition, residents screened by the staff of our mobile unit CareVan, who are found to exhibit symptoms of chronic disease, will be referred to our Family Health Centers or area FQHC's for follow-up. This strategic initiative is aimed at reducing unnecessary visits to the ED, decreasing hospital readmission rates, and building healthier communities.

Through participation in the Coastal Bend Community Needs Task Force, CHRISTUS Spohn will continue to promote collaborative initiatives to leverage community stakeholders in response to identified needs. The first goal of the Task Force will be to continue to update its website, launched in 2011, to provide residents of the Coastal Bend region with information on health resources available in the community. In FY 14, CHRISTUS Spohn will be working to integrate members of the Task Force into a broader collaborative involving various stakeholders to address the identified needs as far upstream as possible before vulnerable populations begin to experience deterioration in their health status.

B. ORGANIZATIONAL CHANGES IN FY 2013

There were two Organization Changes on the CHRISTUS Spohn Executive Team In FY2013, Kelly Elkins became the new Vice President of Strategy and Network Relations Matt Lohmeier became the new Vice President of Mission Integration in August 2013.

C. COMMUNITY BENEFIT INVESTMENT FY2013

Category	FY2013
	Proposed Budget
Charity Care	81,608,196
Unpaid Gov't Indigent Care (UPL) IRS only	(76,224,649)
Total Charity Care Texas Reporting	5,383,547
Other Community Services	
Total Other Community Services	8,266,855
Total Community Benefit	\$13,610,402
Comments: These figures, reported with the State of Texas, use CHA/AHA reporting guidelines. Those guidelines do not count UPL/Dispro as offsetting revenue for Charity Care as required by the IRS. CHRISTUS Spohn subtracts UPL/Dispro as offsetting revenue on its IRS Form 990, Schedule H.	

D. COMPASS 2020

In FY2012, CHRISTUS Health initiated an operational scorecard to measure its progress in five critical areas, one of those being Community Benefit. In addition to ensuring adequate dollars are spent in Community Benefit, each year, CHRISTUS wants each region to demonstrate resources are being spent on chronic diseases identified in the region's most recent Community Needs Assessment. In FY2013 - 2014, CHRISTUS Spohn will be tracking its programs and resources spent on Diabetes and Heart Disease, two of the most prevalent chronic diseases identified in the 2013 Coastal Bend Health Needs Assessment.

Community

A. DEFINITION OF COMMUNITY

The CHRISTUS Spohn Health System Corporation is located along the lower Texas coastal area (often called the Coastal Bend), and its service area includes a 14-county area with a population of more than 598,733 individuals.

The 2012 - 2013 Coastal Bend Community Health Needs Assessment surveyed the following counties:

- | | | | |
|------------|--------------|------------------|--------------|
| 1. Aransas | 6. Jim Hogg | 11. Live Oak | 16. Victoria |
| 2. Bee | 7. Jim Wells | 12. McMullen | 17. Lavaca |
| 3. Brooks | 8. Karnes | 13. Nueces | 18. DeWitt |
| 4. Duval | 9. Kenedy | 14. Refugio | 19. Jackson |
| 5. Goliad | 10. Kleberg | 15. San Patricio | |

Overall, population growth is flat in the region with the exception of Aransas County and the 78414 zip code, where CHRISTUS Spohn Hospital Corpus Christi -South is located. The region is made of 60 percent Hispanics, 35 percent Caucasian, 4 percent African American, and 1 percent Asian Pacific Islanders. Approximately 20 percent of households live at or below the federal poverty level, with the median household income in the region being \$35,050. Nearly 50 percent of the population is receiving Medicaid or uninsured.

Looking at the region's demographics and the "Healthy People 2010 Health Status Indicators" relative to other counties across the country, the following health indicators appear "unfavorable" relative to peer counties: Premature birth weights, Births to unmarried teens, Hispanic infant mortality in rural areas, Obesity, Diabetes, Stroke, Coronary heart disease, Colon Cancer, and breast cancer.

In addition to the six facilities that comprise the CHRISTUS Spohn Health System Corporation, there are five other hospitals in the region: Corpus Christi Medical Center's three campuses (Bay Area Hospital, Heart Hospital and Doctor's Regional Hospital) which are for-profit entities owned by HCA; and Driscoll Children's Hospital, a nonprofit hospital. Additionally, Coastal Bend Surgical Hospital, a new for-profit surgical hospital opened in Corpus Christi in December of 2009.

B. COMMUNITY NEEDS AND RESOURCES

The 2013 Coastal Bend Community Health Needs Assessment was a follow-up to the 2010 Coastal Bend Community Health Needs Assessment. The three Corpus Christi Health Systems (CHRISTUS Spohn Health System, Corpus Christi Medical Center and Driscoll Children's Hospital), Citizen's Medical Center in Victoria, and other Community Partners in the Coastal Bend served as the steering committee defining the scope and areas of data collection. Funding for the health needs assessment was provided by the four health care systems to Texas A & M Corpus Christi who collected and analyzed the data for the project. The data came from the following sources:

- Telephone survey of residents in the 19 counties of the Coastal Bend
- Inpatient Admission data for two years from CHRISTUS Spohn Health System, Corpus Christi Medical Center, and Driscoll Health System
- On-line survey of health care and social service providers
- Two First Look Workshops, a group of 70 individuals representing the many broad interests of the community met on 2/27 and 4/30/13 to review the preliminary findings of the 2013 Community Needs Assessment
- Secondary data from national and state public health agencies

C. KEY FINDINGS OF THE 2013 COASTAL BEND COMMUNITY NEEDS ASSESSMENT

1. **Data indicate that some segments of the Coastal Bend population have limited access to health care services. Recommendations are:**
 - **Guide the currently uninsured to sign up for health care coverage under the Affordable Care Act**

- Encourage health care providers, clinics, and so on to expand their hours to include the evenings and weekends
 - Recruit additional primary care physicians and specialists to the area
 - Recruit more extenders (nurse practitioners and physicians assistants) to the area
 - Increase health literacy about available health care resources
 - Explore the feasibility of telemedicine in the Coastal Bend, especially for the rural areas
2. Data indicate that some residents use the Emergency Department (including those with health insurance) for primary care. Recommendations are:
- Recruit more extenders (nurse practitioners and physician assistants) to help divert the use of emergency departments for non-emergent care
 - Recruit more primary care physicians to the area
 - Increase health literacy about available health care resources
 - Work with area clinics to expand evening and weekend hours
3. Data indicate that some hospitalizations are preventable. Recommendations are:
- Analyze the hospital and emergency department data to determine where patients with UTI's originate (e.g. nursing homes, patient's home, and other facilities)
 - Provide education to all health care providers, especially those who work with vulnerable populations
4. Data indicate that chronic and co-morbid conditions are prevalent in the Coastal Bend. Recommendations are:
- Increase health literacy through patient and family education about disease maintenance
 - Monitor disease treatment specific to each condition to prevent worsening condition and potential readmission through patient navigation/community health worker programs
 - Increase screening of disease for early detection
 - Increase awareness on how to best prevent and/or delay the onset of chronic diseases
 - Encourage hospitals to study all readmissions for certain conditions for more effective interventions and monitoring
 - Assign patient navigators/community health workers to patients with a history of readmissions
5. Data indicate that obesity is a major problem in our community. Recommendations are:
- Create partnerships with health and social service agencies, government and educational institutions to formulate a Coastal Bend initiative to tackle obesity
 - Evaluate successful regional programs that promote healthy lifestyles for possible local implantation
 - Increase education about healthy lifestyles, especially for children
 - Collaborate with local school districts to implement health lifestyle programs
 - Enhance the physical environment in the Coastal Bend for safe physical activity
 - Seek grants that fund programs aimed at reducing obesity

6. **Data indicate mental health issues are increasing in the Coastal Bend. Recommendations are:**
 - Incorporate mental health screenings for all Emergency Department patients
 - Facilitate referrals to local mental health providers and/or associates for patients with dual diagnoses
 - Increase patient and family education about mental health issues
 - Create more immediate mental health services for patients with behavioral health diagnoses when discharged from acute settings
 - Facilitate ED Directors' sharing of best practices for screening suicidal ideation

7. **Data indicate that many people in the Coastal Bend lack health literacy. Recommendations are:**
 - Increase efforts to present hospital discharge information and follow-up information in easily understand language
 - Increase efforts to provide health educational materials and programs in easily understood language
 - Utilize patient navigators/community health workers and continuum of care processes
 - Expand organizational websites to link to sources of information about health, disease, special events and resources
 - Create multi-media campaigns about the Affordable Care Act for Coastal Bend residents

8. **Data indicate that asthma is a problem for many children in our area. Recommendations are:**
 - Create collaborations to improve the condition of children with asthma
 - Evaluate the factors that contribute to asthma (e.g. air quality, individual genetics, living conditions, individual anxiety) and how the situations could be improved

9. **Data indicate that there are women's health issues in our community. Recommendations are:**
 - Increase women's health literacy
 - Increase the number of culturally sensitive education programs about women's health issues (e.g. breast cancer, prenatal care)
 - Provide supportive measures to increase utilization of preventative screenings

10. **Continued collaboration among health care and social service providers is important for the Coastal Bend. Recommendations are:**
 - Continue the Coastal Bend Health Needs Task Force and consider wider representation
 - Develop a 3 year community needs strategic plan in conjunction with the coordinators of the Region 4 DSRIP initiatives
 - Determine the unmet community needs the Task Force will be responsible for overseeing and increase resources for the Task Force projects
 - Hospitals should try to standardize data collection methodology for more consistent data collection and reporting
 - Determine if the Coastal Bend Health Finder website is a resource for the community and one that the hospitals continue to support

Community Benefit Planning Process

DEVELOPING THE HOSPITAL'S COMMUNITY HEALTH IMPLEMENTATION PLAN:

This community-health needs assessment for FY2013 was approved by the CHRISTUS Spohn Board of Directors on July 25, 2013.

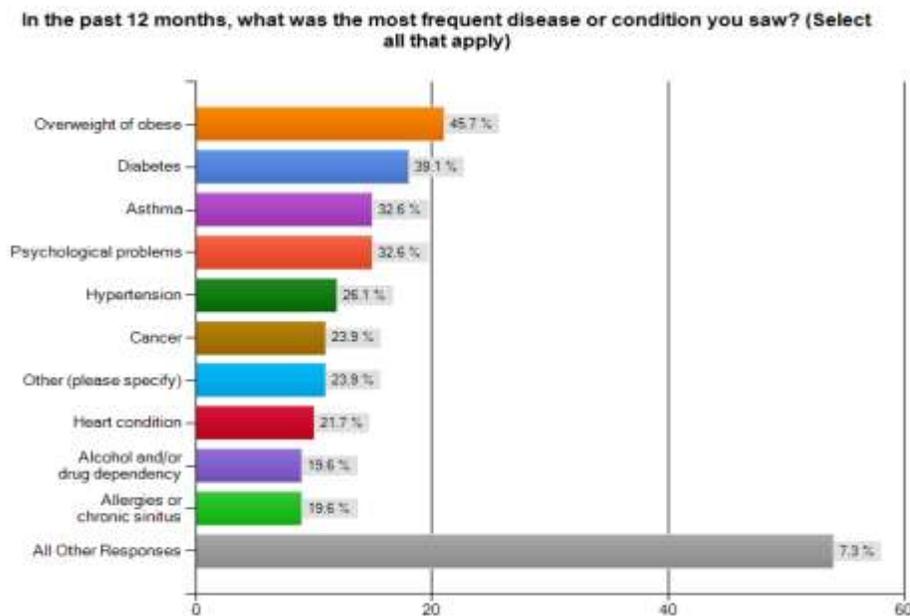
The needs assessment was published on the [Coastal Bend Healthfinder](http://www.coastalbendhealthfinder.com) website: (www.coastalbendhealthfinder.com)

CHRISTUS Spohn Health System (CSHS) then prioritized the needs according to the following criteria:

- Issue is pertinent to a diverse group of community stakeholders
- It has significant impact at the individual, family and community level
- CSHS has the required expertise and both human and financial resources to make an impact

Part of CHRISTUS Spohn's collaborative response to the community needs assessment is through the Coastal Bend Community Needs Task Force(CBCNTF). The CBCNTF will continue to meet to identify areas of collaboration to improve the health of the Coastal Bend Community. In the interest of achieving greater community collaboration and synergy, CHRISTUS Spohn will advocate for integration of the task force with community stakeholders cooperating on care coordination through various interrelated Transformational Care initiatives.. Utilizing the data from the most recent needs assessment will be vital to engage new members with a vested interest and strategic position to impact the health status of those made vulnerable by aging, chronic disease and socio-economic challenges that plague the region.

In addition to its membership in the CBCHTF, CHRISTUS Spohn continues to develop additional ways to respond to community need through alignment of its service line portfolio and its strategic planning process by looking at the region's demographics, the 2013 Coastal Bend Community Health Needs Assessment and the most Frequent Diseases and Conditions seen in the previous year as surveyed by Health Care and Social Services Providers in 2012 – 2013. The graphic below depicts the findings of that survey process which reinforces the findings of the needs assessment.



Community Health Implementation Plan

CHRISTUS Spohn Health System's comprehensive plan begins with addressing the surveyed health needs of the community by providing appropriate venues of care to reduce inappropriate use of the Emergency Department and avoidable hospitalizations. The development of patient centered care models that increases access to primary care and provides improved processes to Chronic Disease Management are ultimate goals of these community health plan initiatives.

Below are the prioritized interventions that address the major health challenges identified in the needs assessment.

CHRISTUS Spohn Women's Mobile Clinic:

- The mobile clinic delivers OB and other services to the region's uninsured women including; pre-natal care, Pap Smears, laboratory and ultra-sound testing, annual exams, and referrals for free mammograms and pre-natal care. This preventative and wellness care helps with early detection that otherwise might result in more serious health issues requiring hospitalization in the future.
 - *Identified Needs Addressed: Women's Health Issues, Access to Healthcare, Inappropriate Use of the Emergency Room, Preventable Hospitalizations, Lack of Health Literacy and Prevalent Chronic Conditions*
 - In FY2014 the CareVan had over 1340 encounters with women in disadvantaged communities.

CHRISTUS Spohn Graduate Medical Education

- The Graduate Medical Education Residency provides excellent education and training to Family Practice and Emergency Medicine Residents. The program provides a full spectrum of learning opportunities with a hands-on approach to learning. The faculty balance academic education with active precepting and mentoring. The residents provide excellent care to everyone in the community with an emphasis on care to the vulnerable and underserved. Our Family Practice Residents provide a medical home with an emphasis on continuity of care.
 - *Identified Needs Addressed: Access to Healthcare, Prevalent Chronic Conditions, Lack of Health Literacy, Inappropriate Use of the Emergency Room and Preventable Hospitalizations.*

CHRISTUS Spohn CareVan

- The CareVan provides health screening, immunizations, health education and counseling to vulnerable and underserved populations in the community. In addition, patient navigators assist patients in need of primary care by facilitating integration to the CHRISTUS Spohn Family Health Centers, primary care provider clinics including area FQHC's.
 - *Identified Needs Addressed: Access to Healthcare, Inappropriate Use of the Emergency Room, Preventable Hospitalizations, Lack of Health Literacy and Prevalent Chronic Conditions*
 - In FY2014 the CareVan had over 1500 encounters with people in disadvantaged communities.

Health Literacy Initiative

- *Community outreach* will take place within other dimensions of the continuum of care (ie. nursing homes, home health, etc...) as well as social service agencies to provide the following: increased access to preventative screenings/vaccinations; effective navigation to appropriate level of care; improved health literacy to manage chronic conditions; advance care planning; facilitating enrollment in health exchange to increase access to care; etc... (not an exhaustive list)
- The *Congregational Health Ministry* is being launched within communities of faith who choose to participate (goal of 36 congregations for FY2015) and will function as a conduit through

which to achieve the following: increased access to preventative screenings/vaccinations; effective navigation to appropriate level of care; improved health literacy to manage chronic conditions; advance care planning; etc... (not an exhaustive list)

- *Identified Needs Addressed: Access to Healthcare, Inappropriate Use of the Emergency Room, Preventable Hospitalizations, Lack of Health Literacy and Prevalent Chronic Conditions*

HIX Collaborative

- CHRISTUS Spohn, in collaboration with community stakeholders, including other acute care hospitals, FQHC's, and pertinent NGO's, is working to improve access to care by enhancing enrollment efforts in the Health Insurance Marketplace during the period from November 15' 2014 through February 15, 2015.
 - *Identified Needs Addressed: Access to Healthcare, Inappropriate Use of the Emergency Room, Preventable Hospitalizations*

CHRISTUS Spohn is committed to building healthier communities and will continue to collaborate with other Hospitals and Providers in the region, whenever possible, to address those needs not specifically targeted by our system's Community Health Implementation Plan including.

- Asthma in Children
- Obesity

Although not directly addressed in our Community Health Implementation Plan, the expansion of primary care, our efforts to improve Health Literacy, and continued Community Outreach will have a significant impact on both of these identified needs in our community. We believe that through our continued Community Collaboration with a diverse group of providers and engaged community leaders we will continue to identify areas where we can work together to provide resources, health information, and access to care to improve the health and wellness of our community.

Community Benefit and Economic Value

NON-QUANTIFIABLE BENEFIT

By collaborating with communities, churches, businesses and other health care organizations, CHRISTUS Spohn Health System's various entities have strengthened their roles as major providers of comprehensive, accessible health care services. These partnerships with the community have been a blessing to CHRISTUS Spohn Health System in helping us learn how to better respond to those in need. Furthermore, investment in community services would not be possible without dedicated employees and volunteers. They help to build strong relationships between the hospitals and other health care ministries and the communities, nurturing CHRISTUS' mission to meet the needs and make a difference in the lives of others. Our Associates work both inside and outside the walls of our health care facilities and are committed to reaching beyond the traditional hospital walls to help our communities maintain good health.

There are many examples of non-quantifiable benefits related to the community which demonstrates CHRISTUS Spohn's contribution to the "good" of the community. Physicians, Associates and Volunteers assist in dozens of community activities and fund-raisers to benefit other non-profit health care organizations. They participate in walks for the American Heart Association, American Diabetes Association, March of Dimes and Making Strides Against Breast Cancer Walk. They participate in trash pick-up and clean the beach days. In addition, CHRISTUS Spohn participates in community festivals through volunteering. Our Associates and Physicians serve on dozens of boards and committees in the community outside of work time on their own time. As one of the region's major employers, it is important for CHRISTUS Spohn to demonstrate it is a "good citizen" in the communities where we serve.

Working collaboratively with community partners, the hospitals provided leadership and advocacy, assisted with local capacity building, and participated in community-wide health planning. Participation in the Coastal Bend Diabetes Coalition, Coastal Bend Community Health Task Force, Regional Health Partnership and the United Way of South Texas are just a few examples of how CHRISTUS Spohn collaborates with regional partners and advocates for capacity building and community-wide health initiatives.

TELLING THE STORY

A report of community benefit is included in a written Annual Report for CHRISTUS Health, the parent organization of CHRISTUS Spohn Health System. The annual community benefit report summarizes activities and programs conducted during the past year to improve the health of the communities which include proactive community health services. However, the Annual Report is only a snapshot of how the CHRISTUS Spohn Health System stands apart in its vision to be a leader, a partner, and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities. Through newspaper articles, television and radio interviews and other forms of media, CHRISTUS Spohn tells its story to the community, how it assesses the needs of the community and what actions it is taking to address those needs. Because one of our Core Values is Integrity, which we define as alignment of our actions with our words, it is imperative that CHRISTUS Spohn continue to be seen in the community as a trusted provider and advocate for community health resources.

ATTACHMENTS

CHRISTUS SPOHN HEALTH SYSTEM POLICY and PROCEDURE MANUAL TITLE: CHARITY CARE POLICY

Date Issued: 6/98 Section: Finance/Materials Management
Date(s) Revised: 9/00, 6/01, 12/02, 03/05, 2/06, 6/07, Number: C-109
12/09, 05/11
Date(s) Reviewed: 8/04, 12/09, 05/11 Originator: Finance
Approved By: Pamela S. Robertson President, CEO
(Original with signature archived in Document Control)

PURPOSE:

To provide standardized nomenclature and operations guidelines for providing free care for qualified patients.

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.

To ensure charity care is offered within the resources available and at a minimum meets the state requirements for serving financially or medically indigent patients.

The determination as to the amount to be charged, if any, will be made according to a patient's ability to pay as determined by the eligibility criteria established by CHRISTUS Spohn Health System. CHRISTUS Spohn Health System will use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine an individual's eligibility for charity care as a financially indigent patient.

POLICY:

In keeping with the Mission, Vision, Philosophy and Core Values of the CHRISTUS Health System, CHRISTUS Spohn Health System will make available a determined amount of charity services within the resources available at CHRISTUS Spohn, to patients unable to pay in a manner that respects the dignity of the patients and their families. To become eligible for assistance the patient must either be a citizen of the United States or residing in the country legally. Undocumented patients can be extended assistance *only* if services were provided in an emergency situation. The determination as to the amount to be charged, if any will be made according to the patient's ability to pay, or the amount of charges for which the patient is seeking assistance (medical indigent). This policy is consistent with CHRISTUS Health System Management Directive No. 0011.

ACCOUNTABILITY:

Chief Financial Officer, Hospital Administrators, Executive Director of Revenue Cycle Management, Patient Access Director, Patient Access Representatives, Financial Counselors, Patient Financial Service Associates, Eligibility Vendors and Collection Agencies doing work for the facility.

DEFINITIONS: The following definitions are used throughout this policy.

1. **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.
2. **Financially Indigent** shall mean the uninsured or underinsured patient who is accepted for care with no obligation or a discounted obligation to pay for services rendered. These patients are also defined as poor or economically disadvantaged and have income at or below federal poverty levels. See accompanying income scale (200% of the Federal Poverty Guidelines).
3. **Medically Indigent** shall mean the patient whose medical or hospital bills after payment by third party payers exceeds 25% 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 25% of the patient's annual gross income. (This is frequently referred to as "Catastrophic Free Care".)

4. **Family (Household)** is a group of two or more persons related by birth, marriage (including any legal common law spouse), or adoption who live together in the same household; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.

5. **An unrelated individual** is a person 15 years old or over (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the only person living in a house or apartment (or in group quarters such as a rooming house) in which one or more persons also live who are not related to the individual in question by birth, marriage, or adoption.

Examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.

6. **Government-Sponsored Indigent Health Care includes** the un-reimbursed cost to a healthcare center of providing health care services to recipients of federal, state or local indigent health care programs, eligibility for which is based on financial need. Medicaid, Maternal and Infant Health Improvement Act and the County Indigent Health Care Programs are examples of government sponsored indigent health care program benefits. Under State of Texas guidelines for Texas hospitals, these un-reimbursed costs are reported to the State as a component of charity care.

7. **Bad Debt** represents those amounts that are uncollectible and do not meet the facility's charity care services eligibility criteria. They are defined as the provision for actual or expected uncollectibles resulting from the extension of credit. The accounts of patients who are unable to pay should not result by definition in Bad Debt if those patients have been properly qualified. Bad Debt is the result of unsuccessful collection efforts on accounts of patients who are unwilling to pay.

Related Documents:

C-109-P Charity Care - Procedure

The Charity Care Procedures C-109P provide standardized operational guidelines for providing voluntary free care to qualified patients at or below 200% of Federal Poverty Guidelines.

Attachments:

Guideline for Determining Financial Indigence/Federal Poverty

Reviews: 12/09, 05/11

**CHRISTUS SPOHN HEALTH SYSTEM
POLICY and PROCEDURE MANUAL
TITLE: CHARITY CARE - PROCEDURE**

Date Issued: 06/98 Section: Finance/Materials Mgt

Date(s) Revised: 09/00, 06/01, 12/02, 03/05, 2/06, 6/07, 12/09 Number: C-109-P
05/11

Date(s) Reviewed: 12/09; 05/11 Originator: Finance

Approved By: Pamela S. Robertson President, CEO
(Original with signature archived in Document Control)

Procedure for Each Encounter Being Considered for a Charity Care:

1. Obtain a completed and signed charity care application from the patient or patient representative. Local, State, or Federal application may be accepted in place of this application. All applications must be dated and signed. The approved Financial Assistance application is located on the CHRISTUS Health Intranet and attachment to Management Directive 0029 at:

<http://standards.christushealth.org/legal/directives/0029%20-%20Attachment%20III%20-%20Application%20for%20Financial%20Assistance.pdf>

2. Determine family income:

Income includes total annual cash receipts before taxes from all sources, with the exceptions noted below in "Income Does Not Include".

a. Incomes includes:

- i. Money wages and salaries before any deductions
- ii. Net receipts from non-farm self –employment
- iii. Net receipts from farm self-employment
- iv. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Aid to Families with Dependant Children Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families

v. Capital gains; any assets drawn down as withdrawals from a bank

vi. The sale of property; a house, a car

vii. Lump sum inheritances

b. Income Does Not Include:

i. Tax refunds

ii. Cash gifts (Less than \$500)

iii. Cash loans

iv. One time insurance payments or compensation for injury

v. Non-cash benefits; food or housing received in lieu of wages; the value of food and fuel produced and consumed on farms; the imputed value of rent from owneroccupied non-farm or farm housing; Federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

3. The most current poverty income guidelines issued by the U.S. Department of Health and Human Services (DHHS) will be used as a basis to establish criteria to determine an individual's eligibility for assistance as a financially indigent patient. These guidelines apply to medically necessary services with physician order, but not to elective services except for other hospital specific, state and/or federal disease screening programs (i.e. First Friday, Spohn Prostate Screening, etc.). Elective services beyond that are considered self pay and will not qualify for charity and/or self pay tier discount programs. Patients should recognize the value of their medical care and use the health system responsibly.

a. Patients whose income is above 200% Federal Poverty Guidelines are not considered financially indigent. However, they may qualify for medical indigency. Discounts for Uninsured Patients (Management Directive 0029).

4. Medical indigence shall be determined based on the family's household annual gross income, other resources, and the balance remaining on his/her bill after third party payments or partial charity care coverage. If a family's household annual gross income exceeds the Federal Poverty Guidelines, then the patient may qualify to apply for a charity care for the amount of the bill that is in excess of 25% of

the family's household annual gross income. Family assets should be considered before awarding the charity.

a. Time frame for open accounts is equivalent to 6 months from the current discharge date.

b. Accounts to be included are family accounts defined as husband, wife, and children living in the same household.

5. Patient Access Representatives and/or eligibility vendors will financially assess all patients during the pre-registration or registration process. However, this identification can take place at any time during the collection process as soon as sufficient information is available to approve financial assistance.

Patients who were not assessed for ability to pay and now have delinquent accounts may be notified by a letter of the possibility of financial assistance. Patients with no insurance coverage or very limited insurance coverage are identified as potential charity. Appropriate eligibility determination for financial assistance through any government medical assistance program will be made before consideration for the Charity Care Program. Those patients who may qualify for outside financial assistance should be referred to the appropriate program, such as Medicaid, Nueces County Hospital District (NCHD), Crimes Victims Compensation Program, etc.

a. If an account is older than 14 days, assigned Collection Agency representing CHRISTUS Spohn patients will forward information regarding our financial assistance program(s). A fully completed Financial Evaluation form received from our third party collection agency will be reviewed by the hospital representative and approved within 21 business days. Accounts with balances greater than \$50,000 will be reviewed and approved by CHRISTUS Spohn authorized personnel.

6. If the patient does not appear to be eligible for any government program or if they have proof that such assistance has been denied, then an application for a Charity Care should be completed and submitted for consideration.

7. If during the course of their stay or treatment it becomes evident that the patient needs financial assistance, they should be referred to our third party vendor for financial screening. All patients are requested to pay their estimated portion due at the time of service/discharge.

8. As soon as sufficient information is available concerning the patient's financial resources and eligibility for government assistance, a determination should be made concerning the patient's eligibility for the charity care. Eligibility should be determined within 15 business days after receipt of all necessary information.

9. Notification of the eligibility determination will be provided to each patient specifically identifying the amount of the charity care that will apply to the account.

10. No collection efforts will be pursued for the amount of the Charity care once such determination is made. Refer to medical indigence discussed in "4" of this procedure.

11. The hospital Patient Access Manager and/or Director will review and approve charity care write-offs up to \$50,000; this may be a combination of accounts. All amounts greater than \$50,000 will require Executive Director of the Revenue Cycle, Administrator/Vice President, or President's approval.

Exclusion: Accounts that qualify for Presumptive Charity based on TLRA CHARITY CARE /

12. Information regarding the amount of Charity care provided by CHRISTUS Spohn Health System during the fiscal year shall be aggregated and included in the annual report. This report also will include information concerning the provision of government-sponsored indigent healthcare and other community services. The information will be filed with the Bureau of State Health Data and Policy Analysis at the Texas Department of Health. Reporting procedures are described in the Social Accountability Reports policy.

13. All patients identified as potential charity are referred to the patient access team and requested to complete a "Charity care Application" or provide recent copies of a signed state or federal program application that verifies the following information.

a. Status of potential government medical assistance eligibility

b. Family Size (Household)

c. Household Gross Income

d. Resources and Debts (Employment status & future earning capacity)

e. Medical Expenses

14. In the evaluation of an application for Charity care, a patient's total resources will be taken into account which will include, but not limited to, analysis of assets (identified as those convertible to cash and unnecessary for the patient's daily living expenses), income and medical expenses. If

a patient has available, resources need to be evaluated for the medical indigency purposes.
15. Amounts applied to Charity Care are determined based on household gross income less applicable prior medical expenses. Income consideration is based on the current National Federal Poverty Guidelines and the number of people within the household.

a. If a patient is eighteen (18) years of age or younger and is not emancipated, the parent's or legal guardian's income will be used in consideration of Charity care. Income from Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC) or food stamps will not be considered in determining charity eligibility.

b. In addition, only 20% of the income of all other household members, except for the patient's spouse, will be included in the determination for assistance.

c. The percent of annual family income applicable to a patient's indebtedness is determined by reference to the applicable income chart that is based on the family income as a percent of the Federal Poverty Guidelines. This could result in a charity to cover some or all of the obligation in low-income families or reduction in charges for catastrophic illness regardless of a family's household annual gross income.

d. The application determination will be valid for all outstanding accounts dated back 6 months and for a future period of six months from the current account discharge date unless significant financial status changes are suspected.

16. Patient's that incur an out of pocket expense and who are currently or were previously eligible (at the time of service and/or treatment), for government sponsored indigent healthcare (county, state or federal) will be considered "presumptive charity". Formal financial evaluations and documentation (proof of income, living expenses, etc...) will be waived since the patient's need has already been established by way of participation in the county, state or federal indigent healthcare program. This process applies if the patient was previously or currently active in an indigent program at the time of service when financial assistance is requested and/or deemed appropriate through normal collection and follow up procedures. Documentation of participation in the program for indigent healthcare should be verified and the applicable dates of participation noted on the patient account. Presumptive charity assistance will be valid for six months prior and following the initial date of service.

17. Presumptive charity write offs will also be applied to certain accounts where the patients fail to complete the normal financial evaluation process and the account balance(s) subsequently is deemed uncollectible. If collection efforts are unsuccessful and it is determined using qualifying factors, and if the estimated income falls within the charity guidelines, the bad debt expense will qualify as presumptive charity. For example:

a. Internal Qualification Examples:

i. Patient is homeless or presumed to be homeless and documented.

ii. Presents and is denied for County, State or Federal benefits with complete documentation and proof of income below 200% of FPG (i.e. Nueces County, San Patricio)

b. External Qualification Examples – (as provided by external collection agencies)

i. TLRA Charity Care/ Presumptive Charity Determination Guideline which covers such items as no employer, no phone, no insurance, and mail return, etc. TLRA status code as of "PCW" (Pending Charity Write-off) will be used to identify these accounts. TLRA CHARITY CARE / PRESUMPTIVE CHARITY REGION SUMMARY (See attachment A)

18. All charity applications will be stored on-site for no less than 10 years. If/when an application is requested for audit purposes, the hospital will have 15 business days to provide that information.

Related Documents:

C-109 Charity Care Policy

Attachments:

Guideline for Determining Financial Indigence/Federal Poverty

Reviews: 12/09; 05/11

Attachment: Guideline for Determining Financial Indigence/Federal Poverty

Each Region shall use the most current poverty income guidelines issued by the U.S. Department of Health and Human Services to determine eligibility for Charity Care as a financially indigent patient. The poverty guidelines are published in the Federal Register in February or March of each year and for purposes of this Directive shall become effective the first day of the month following the month of publication. Revised poverty income guidelines shall be distributed by the CHRISTUS Health Community Health department each year to update Attachment I.

Texas law limits eligibility criteria for reportable Charity Care provided to financially indigent patients to no higher than two hundred percent (200%) of the federal poverty income guidelines. CHRISTUS Health shall annually report to the Texas Department of Health all Charity Care provided to Financially Indigent patients at or below two hundred percent (200%) of the federal poverty guidelines. Patients with income levels above 200% may qualify for uninsured or underinsured discounts under Management Directive 29, Discounts for Health Services.

2011 Poverty Guidelines for the 48 Contiguous States

Family Size Poverty Guideline (\$ per year) Allowable @ 200% of Federal Poverty Rate

1	\$10,890	\$21,780
2	\$14,710	\$29,420
3	\$18,530	\$37,060
4	\$22,350	\$44,700
5	\$26,170	\$52,340
6	\$29,990	\$59,980
7	\$33,810	\$67,620
8	\$37,630	\$75,260

For family units with more than 8 members, add \$3,820 for each additional member to meet the poverty guidelines; \$7,640 to meet 200% of the poverty guidelines

Revised 01/20/11

Source: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637 – 3638