

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**
-2008-

Facility Identification (FID): 4391435 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Cook Children's Medical Center **County:** Tarrant

Mailing Address: 801 Seventh Ave., Fort Worth, TX 76104

Physical Address if different from above: _____

Effective Date of the current policy: 04/01/2008

Date of Scheduled Revision of this policy: 05/01/2009

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: Patient Accounting

Mailing Address: 8001 Seventh Ave., Fort Worth, TX 76104

Contact Person: Loyd Skinner Title: _____

Phone: (682)885-4440 Fax: (682)885-3936 E-Mail loydsk@cookchildrens.org

Person completing this form if different from above:

Name: Carolyn Bruno Phone: (682)885-1680

* 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 also available in Word or PDF formats at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2008 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.state.tx.us/chs/hosp/.

I. Charity Care Policy:

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

In connection with CCHCS' exemption from certain federal and state taxes, and in support of CCHCS' mission to serve the health care needs of the community, CCHCS entities will provide charity care or financial assistance to eligible needy patients. Charity or financial assistance may be requested by guarantors whose children have received care from Cook Children's Health Care System entities and: A. Are classified as financially indigent or catastrophically indigent; B. Have applied for Medicaid and complied with applicable Medicaid requirements when Medicaid eligibility is a possibility; and C. Have been denied financial assistance (e.g., Medicaid, Children's Health Insurance Program (CHIP), Children with Special Health Care Needs (CSHCN), Supplemental Security Income (SSI), or other government funded programs) from their service area. Financial assistance may be granted to United States (U.S.) citizens or lawful permanent residents who are not residents of the CCHCS primary service area within the limitations of this policy. The application for financial assistance from these individuals will be approved in accordance with the levels of authority indicated in this policy. The approving individual(s) will review and document that the aforementioned policies were followed or that they were not applicable in the need for financial assistance. Charity and/or financial assistance will be available to all individuals that are admitted to CCMC on an emergency basis and do not have the resources to pay for the services, regardless of residency or citizenship status. Charity and/or financial assistance will be granted, if qualified, without regard to gender, race, creed, color, or national origin. There may be unique situations when a guarantor may have a financial hardship, but not meet the requirements of this policy to receive financial assistance. Each CCHCS entity may establish a company specific policy to address providing assistance in the case of such unique financial hardship to the guarantor.

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

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

Financial assistance for guarantors who do not have the financial means to pay for health care services

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

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 1. <100% | <input type="checkbox"/> 4. <200% |
| <input type="checkbox"/> 2. <133% | <input checked="" type="checkbox"/> 5. Other, specify <u>300%</u> |
| <input type="checkbox"/> 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**.

A person whose medical bills after payment by third-party payers, exceeds 35% of the guarantors annual gross income or whose medical bills exceed 35% of the guarantors annual gross income and that income exceeds 300% of FPG and is unable to pay the remaining bill.

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 on-line, mail

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.

on-line

www.cookchildrens.org

d. Is the application form available in language(s) other than English?

YES NO

If yes, please check

Spanish Other, 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 govt 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
financially indigent = 100%;
medically/catastrophically indigent = sliding
- d. Other, please specify _____
scale

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?
Determined by how long it takes to receive verification, but usually within 30 days

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 Can last up to 1 year, but we re-verify information

10. How does the hospital notify the patient about their eligibility for charity care?

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).

cosmetic

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).

We have several community benefits projects and activities. An additional file with all information is being attached.

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.

II. Community Benefits Projects/Activities: 1. "Access to Health Care for Children in Homeless Shelters" The goal of this project is to increase access to health care for children living in homeless shelters in Tarrant County. Cook Children's joined with community leaders and shelter staff to identify unmet health needs of the children and to develop access to primary care through a medical home. A case management model is used to coordinate the health and social service needs along with transportation for the services. Health needs addressed include well checks, sick visits, immunizations, dental care, vision care, mental health needs, and health education. 2. "Children's Oral Health" Cook Children's provides leadership for the Children's Oral Health Coalition to address oral health needs of underserved children in Tarrant County identified in local surveys and assessments. The target populations are children ages one to four as well as children in kindergarten-3rd grade who need dental care and oral health education. Community-based strategies include Train the Trainer education for professionals working with children at high risk for dental disease, distribution of local dental resources, support of local oral health programs and legislative advocacy. In addition, Save a Smile, a community partnership, uses volunteer dentists to treat targeted children with severe oral health disease. 3. "Immunizations" Cook Children's is a co-founding and active member of the Immunization Collaboration of Tarrant County. The primary target population is children in Tarrant County under six years of age. The purpose of the Collaboration is to increase the immunization rate in Tarrant County, especially in the 0-2 age group, which is well below the national standards outlined through Health People 2010. Cook Children's provides funding to the Collaboration to support its outreach activities and provides leadership for the strategic plan of the Collaboration. 4. "Injury Prevention" Cook Children's is the lead organization for Safe Kids Tarrant County. Safe Kids uses a population-based community health framework to reduce the number of preventable injuries to children in under the age of 14. The primary focus is on child passenger safety and drowning prevention as these are the areas of highest risk based on local and state data. Activities, programs, and events are implemented throughout the year as outlined in the Coalition's strategic plan. The Coalition also participates in legislative advocacy to improve laws that better protect children from preventable injuries. 5. "Mental Health" Cook Children's provides leadership and funding for the Mental Health Connection of Tarrant County (MHC). The Connection was organized in 1999 to address critical gaps in mental health services for children and adolescents who live in Tarrant County. This coalition has facilitated federal grants to address specific mental health needs. Transformation of the service delivery system is a goal of MHC through the implementation of research based practice throughout the provider community. Consumers are actively involved in decision making regarding mental health services. 6. Cook Children's is an active partner in other community coalitions addressing children's health issues including the Infant Mortality Network, United Way's Health Impact Council (childhood obesity), United Way's Family Impact Council (child abuse and neglect), and Healthy Tarrant County Collaboration. Cook Children's has completed gathering data for the comprehensive assessment of the health status of children ages 0-14 residing in Tarrant, Denton, Wise, Parker, Johnson, and Hood counties. Results will be reported in the fall of 2009 to further community engagement on children's health issues.