

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): 672285 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Good Shepherd Medical Center-Linden **County:** Cass

Mailing Address: 404 North Kaufman Street; Linden, TX 75563

Physical Address if different from above: same

Effective Date of the current policy: 10/01/2008

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? as needed

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: 404 North Kaufman Street; Linden, TX75563

Contact Person: Stephanie Carr Title: _____

Phone: (903)756-9837 Fax: (903)756-5933 E-Mail scarr@gsmc.org

Person completing this form if different from above:

Allen Hold-Director of Patient Financial

Name: Service Phone: (903)315-5227

* 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.

We exist to care for those who present themselves to us whatever their need, regardless of race, creed, or gender. We will provide health services to the medically underinsured as far as resources provide, while maintaining the long term integrity of service to our community.

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

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

Uncompensated care that is not bad debt, which meets the hospital policy for financial assistance.

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

- 1. <100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify sliding scale from 225% to 100%

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**.

Those persons whose insurance benefits leave them owing a substantial part of the hospital bill, or who have no coverage, who may be otherwise employed and do not meet the criteria for federal or other aid. (over resourced)

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 School loans

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 Buisness office; 34e party eligibility company; 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.

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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 Pre-admission based on medical necessity

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 Sliding scale based on income to bill ratio and number in household

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?

Average of 0 to 60 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 180 days

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).

Services determined as not medically necessary, such as cosmetic 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. A Fair of the Heart ? This is an annual events that provides free pulmonary function screening, blood pressure checks, cholesterol testing, and glucose screening. Open to the public. 2. Wild Flower Trails ? The hospital provides a free first aid tent at this community event to administer first aide to injured hikers and event participants 3. Flu Shots ? The hospital provides free flu shots to the community as far as the supply of vaccine lasts. 4. Train the Trainer ? The hospital provides free basic physical therapy training and education to high school sports trainers. 5. Patient Education ? The hospital provides programs, workshops, classes and support groups dealing with a wide variety pf current health issues, including diabetic and childbirth education 6. Healthy Hotline ? The hospital provides a 24 hour dedicated phone line that is available to the public to assist the community with physician referrals, nurse triage, general health information, community programs, and registration for all classes and special events. 7. Classic Care ? The hospital provides this program free to senior citizens to provide health related education on topics from CPR to nutrition. Membership in this program includes hospital discounts, time-saving conveniences, and social activities. 8. T-Bone Walker Blues Fest ? The hospital was a corporate sponsor of this local festival. 9. Spirit of Women ? A national member network dedicated to helping women make decisions for preventative health care. Good Shepherd offers a wide variety of Spirit of Women programs that include major educational programs with nationally-recognized speakers, community wellness events, membership programs, support groups, health fairs and expos, educational materials, travel programs, interactive web sites, and other creative outreach activities.

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.