

**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\*\***  
**-2009-**

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|---|--|
| <b>Facility Identification (FID):</b> 2012018 | (Enter 7-digit FID# from attached hospital listing)*** |
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**Name of Hospital:** Texas Children's Hospital **County:** HARRIS

**Mailing Address:** 6621 Fannin Street, Houston, TX 77030

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

**Effective Date of the current policy:** 05/14/2010

**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: Patient Financial Services

Mailing Address: 6621 Fannin Stree, Mail Cod 2-4300, Houston, TX 77030

Contact Person: Enrique Gonzalez Title: Director

Phone: (832) 822-3017 Fax: (832) 825-3036 E-Mail eegonzal@texaschildrens.org

Person completing this form if different from above:

Name: Robert Simon Phone: (832) 824-2918

\* 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](http://www.dshs.state.tx.us/chs/hosp) under 2009 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/](http://www.dshs.state.tx.us/chs/hosp/).

## I. Charity Care Policy:

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

Texas Children's Hospital is committed to promoting the health and well being of children. Central to this commitment is the Hospital's mission to provide the finest possible pediatric patient care, education and research. The Hospital recognizes that some of its most fragile constituents are children whose families are financially indigent or medically indigent. In support of that goal, the Hospital will provide medical treatment to children whose family or custodians are unable to pay for such treatment. No child shall be refused charity status because of race, religion, or national origin. The Hospital's charity services will be maintained within limits, in order to preserve the financial integrity of the Hospital and its ability to continue operations and to carry out and discharge its mission.

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

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

Charity care means the unreimbursed cost to the Hospital for: 1). Services provided to children receiving inpatient and/or outpatient treatment who have been classified as financially or medically indigent; and/or 2). Uninsured patients who do not have the ability to pay based on criteria established in the Charity Care policy (section 2.02). Charity is further defined as the demonstrated inability of a patient to pay, versus bad debt as the unwillingness of the patient to pay.

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

Check one.

1. <100%

4. <200%

2. <133%

5. Other, specify \_\_\_\_\_

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**.

Medically indigent is defined as a person whose medical or hospital bills, after payment by third-party payers, exceed a certain percentage of the family's annual gross income, and as a result, it is highly unlikely that the person has the financial means to pay the remaining portion of the bill. In accordance with the Hospital's eligibility criteria, a family whose income is greater than 200% of the Federal Poverty Guidelines will be considered medically indigent as described in the Charity Care policy (sections 2.02 and 2.03).

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, 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

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 6 months

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 Email

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).

See the attached annual charity and community benefits report.

### **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.

In Section I.3.a. of this Annual Survey, the hospital included payments from various local governmental entities, including counties, cities, and school districts. These payments include payments under local governmental health care programs and payments on behalf of local governmental employees. Some of these amounts are from local governmental entities which the hospital identified as self-insured, but the hospital has not verified that all of the payments from local governmental entities are from self-insured plans. Likewise, In Section I.3.b. of this Annual Survey, the hospital included payments from various state programs and payments for employees of various agencies of the State of Texas and other governmental entities. Some of these amounts are from state governmental entities which the hospital identified as self-insured, but the hospital has not verified that all of the payments from state governmental entities are from self-insured plans. Section K1, K2, and K3 are N/A as the Hospital does not have pregnant women as patients.