

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-

Facility Identification (FID): 1130935	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Children's Medical Center of Dallas **County:** DALLAS

Mailing Address: 1935 Medical District Drive, Dallas, Texas 75235

Physical Address if different from above: _____

Effective Date of the current policy: 05/01/1990

Date of Scheduled Revision of this policy: 12/10/2009

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: 1935 Medical District Drive

Contact Person: Candis Posey Title: Sr Director, Revenue Cycle

Phone: (214) 456-8804 Fax: (214) 456-1976 E-Mail candis.posey@childrens.com

Person completing this form if different from above:

Name: Jayne Knapp Phone: (214) 456-1904

* 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 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/.

I. Charity Care Policy:

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

To provide financial assistance to approved patients that are unable to pay. To establish guidelines for Children's Medical Center Dallas (Children's) financial assistance. To identify patients unable to pay prior to billing and collection efforts. To provide procedures for reducing the charges of patients approved for Children's financial assistance. To inform prospective patients of the hospital's charity care policy.

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

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

The unreimbursed cost of providing, funding, or otherwise financially supporting the healthcare services on an inpatient or outpatient basis to a person classified by the hospital as financially or medically indigent.

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

1. <100%

4. <200%

200% of Fed Poverty Level for 100% charity adjustment, sliding scale adjustment for 201% to 400% of Fed Poverty Level

2. <133%

5. Other, specify

Level

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 patients are usually moderate to middle income persons who will have difficulty meeting the significant financial obligation of a catastrophic illness

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES NO If yes, please briefly summarize method.

No Asset test for Financially indigent, four times the SSI Federal Asset test for Medically Indigent.

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

Patient's mother and father and any other adults in the household contributing to the livelihood of the patient.

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.

Charity Care applications are available at all CMC campuses
Ambulatory Care Pavilion in Dallas 2350 Stemmons Fwys, (I-35E) Dallas, Tx
75207 Chase Bank Building Specialty Center 6300 Harry Hines Dallas, Texas
75235 DeSoto Specialty Center 2828 Duke of Gloucester, Suite 100 DeSoto,
Tx 75115 Irving

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?

1-5 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 90 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).

Unfunded patients who require transplant, services leading to transplant (implant devices and dialysis), or other specialized, high cost treatments or protocols are not eligible for charity care.

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 Annual Report of Community Benefits Plan 2009

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.