

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): 4395142	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Huguley Memorial Medical Center **County:** TARRANT

Mailing Address: PO Box 6337, Fort Worth, TX 76115

Physical Address if different from above: 11801 South Freeway, Burleson, TX 76028

Effective Date of the current policy: 08/16/2004

Date of Scheduled Revision of this policy: 06/02/2009

How often do you revise your charity care policy? Every 3 years

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department: Admissions Department

Mailing Address: PO Box 6337, Fort Worth, TX 76115

Contact Person: Sheila Underwood Title: Admissions Director

Phone: (817) 551-2783 Fax: _____ E-Mail sheila.underwood@ahss.org

Person completing this form if different from above:

Name: Kristi Christopher Phone: (817) 551-2796

* 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.

Adventist Health System (AHS) is committed to excellence in providing high quality health care while serving the diverse needs of those living within our service area. AHS is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility, or ability to pay. AHS is committed to providing health care services and acknowledges that in some cases the patient will not be financially able to pay for the services received. AHS treats emergency and other non-elective patients regardless of their ability to pay or the availability of third-party coverage. In the event that third-party coverage is not available, an allocation is made each year for funds to be available for charity. Wherever possible, a determination of eligibility for charity will be initiated prior to, or at the time of admission, by the financial counselor. This policy identifies those circumstances when AHS or a related joint venture may provide care without charge or at a discount based on the financial need of the patient. The charity care policy provides guidelines for financial assistance to self-pay patients receiving non-elective services based on financial need (full write-off and discounted care) and is in addition to other discount processes offered by AHS (prompt-pay, catastrophic and self-pay discounts).

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

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

Non-elective services are defined as a medical condition that without immediate attention: ? Places the health of the individual in serious jeopardy ? Causes serious impairment to bodily functions or serious dysfunction to a bodily organ. Patients types assumed to be covered by this definition include: ? Emergency Department Outpatients ? Emergency Department Admissions ? IP/OP follow-up related to previous Emergency Visit

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**.
High Medcial 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 _____

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?

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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 _____

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).

Elective Services

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).

Huguley's Mobile Clinic provides low-cost and/or free health screenings/vaccinations to surrounding communities; first-aid support for community events; school physicals Diabetes Management - provides screening and education services to local populations identified as a high risk for diabetes. Spirit of Women - free monthly lecture by a physician on lifestyle issues involving personal health and wellness for women; reduced rate coupons for mamography screenings

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.