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): 4396193 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Texas Health Springwood Hospital Hurst-Euless-Bedford **County:** TARRANT

Mailing Address: 1600 Hospital Parkway; Bedford, TX 76022

Physical Address if different from above: same

Effective Date of the current policy: 06/01/2001

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 Operations

Mailing Address: 500 E. Border St, Suite 1200; Arlington, TX 76010

Contact Person: Patt Lowe Title: Director

Phone: (682) 236-3426 Fax: _____ E-Mail PattLow@TexasHealth.org

Person completing this form if different from above:

Name: Laura Sturgeon Phone: (254) 786-2001

* 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.

In furtherance of our charitable health care mission, hospitals affiliated with Texas Health Resources provide charity care to persons unable to pay for medically necessary treatments.

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 health care services on an inpatient or outpatient basis to a patient classified as financially or medically indigent.

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 _____

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 or hospital bills, after payment by third-party payers, exceed a specified percentage of the patient?s annual gross income and the patient 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.

Only cash, stocks, bonds and other financial assets that can be readily converted to cash are considered in determining the amount of charity care granted to a patient.

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 Responsible person's income

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 Hospital personnel proactively distribute

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.

Business Operations
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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 As soon as relevant information is obtained

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?
15 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 _____

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).

Policy covers medically necessary services. Charity is generally not available for cosmetic type procedures that may be performed within the hospital.

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).

Harris Methodist-Springwood (HMS) operates as a department of Texas Health Harris Methodist Hurst-Euless-Bedford (THHEB). Accordingly, HMS personnel participate & support in community benefit activities conducted by THHEB.

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.

For additional information concerning the community benefit activities of this hospital and other hospitals related to Texas Health Resources, please see our 2009 Annual Report of Charity Care and Community Benefits filed with the Texas Department of State Health Services, Center for Health Statistics.