

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**

-2014-

Facility Identification (FID): 1832327 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: GOOD SHEPHERD MEDICAL CENTER **County:** GREGG

Mailing Address: 700 E. MARSHALL AVE, LONGVIEW, TX 75601

Physical Address if different from above: _____

Effective Date of the current policy: 10/01/2013

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: 700 E. MARSHALL AVE, LONGVIEW, TX 75601

Contact Person: CHRIS COLLIER Title: SYSTEM DIRECTOR OF REVENUE CYCLE

Phone: (903) 315-5193 Fax: (903) 315-2955 E-Mail chris.collier@gsmc.org

Person completing this form if different from above:

Name: MAUREEN EAST Phone: (903) 315-5218

* 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 only available in PDF format at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2014 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 SERVICES 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%

4. <200%

2. <133%



5. Other, specify 225% TO 100%

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**.

THOSE PERSONS WHOSE INSURANCE BENEFITS LEAVE THEM OWING A SUBSTANTIAL PART OF THE HOSPITAL BILL, OR WHO HAVE NO COVERAGE, WHO MAY OTHERWISE BE EMPLOYED AND DO NOT MEET 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.

PATIENTS MUST SELF REPORT PERSONAL ASSETS INCLUDING HOME(S), AUTO(S), BOAT(S), ETC, ON THE APPLICATION FOR ASSISTANCE. THE APPLICATION ALSO REQUESTS PATIENTS TO PROVIDE "LIQUID" CASH INCLUDING SAVINGS & CHECKING ACCOUNT INFORMATION.

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 BUSSINESS OFFICE, 3RD PARTY ELIGIBILITY

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.
CLINICS VARIOUS LOCATIONS IN THE 3 COUNTY AREAS ,

d. Is the application form available in language(s) other than English?

- YES NO

If yes, please check

Spanish Other, please 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 CREDIT REPORT OBTAINED AS NEEDED

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

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 EXPENSE (BILL)

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? 0 - 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 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 _____

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 AND/OR 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) DIABETES AWARENESS-PROVIDES FREE DIABETES SCREENING DURING NATIONAL DIABETES MONTH & DIABETES ALERT DAY, 2) CLASSICARE-PROVIDES FREE HEALTH-RELATED SEMINARS TO SENIOR CITIZENS ON TOPICS RANGING FROM CPR TO PROPER NUTRITION. ALSO PROVIDES HOSPITAL DISCOUNTS, TIME-SAVING CONVENIENCES, AND SOCIAL ACTIVITIES. 3) COMMUNITY CPR TRAINING-IN ASSOCIATION WITH THE AMERICAN HEART ASSOCIATION PROVIDES FREE BASIC LIFE SUPPORT TRAINING. 4) PROSTATE SCREENING PROGRAM-OFFERS FREE PROSTATE CANCER TESTING TO MEN OVER AGE 40 WHO HAVE NEVER BEEN SCREENED FOR THE DISEASE. 5) HEART AND SOLE CLUB-PROVIDES FREE INCENTIVES TO ENCOURAGE WALKING FOR EXERCISE. 6) SPORTS MEDICINE-ENCOMPASSES THE ENTIRE SPECTRUM OF SPORTS MEDICINE INCLUDING FREE TRAINING, EDUCATION, AND PREVENTION TO HIGH SCHOOL & COLLEGE ATHLETES. 7) A FAIR OF THE HEART-PROVIDES FREE PULMONARY FUNCTION SCREENING, BLOOD PRESSURE CHECKS, CHOLESTEROL TESTING, AND GLUCOSE SCREENING. 8) HELPING HEARTS-PROVIDES INFORMATION AND SUPPORT FOR CARDIAC PATIENTS WHO HAVE UNDERGONE INTERVENTIONAL PROCEDURES. 9) TYPE 2 DIABETES SUPPORT GROUP-OFFERS INDIVIDUALS WITH DIABETES AND THEIR FAMILIES AN OPPORTUNITY TO LEARN COPING SKILLS FOR LIFESTYLE CHANGES NECESSARY TO LIVE WITH DIABETES. 10) TYPE 1 DIABETES SUPPORT GROUP-PROVIDES CURRENT INFORMATION TO HELP INDIVIDUALS WITH TYPE 1 DIABETES COPE WITH LIFESTYLE CHANGES CAUSED BY THE DISEASE. 11) STROKE SUPPORT-ASSISTS SURVIVORS AND CAREGIVERS WITH LIFESTYLE CHANGES FOLLOWING A STROKE. 12) PATIENT EDUCATION-PROVIDES PROGRAMS AND WORKSHOPS DEALING WITH CHILDBIRTH PREPARATION, INFANT CPR CLASSES, AND A WIDE VARIETY OF OTHER CURRENT HEALTH ISSUES. 13) HEALTHY LIVING COMMUNITY-TOPICAL HEALTH PROGRAMS REGARDING PREVENTIVE HEALTH CARE, INCLUDING BRAIN FITNESS, CARDIAC FIT CAMP, SENIOR MOBILITY, ORTHOCARE AND MORE. 14) CHILD BIRTH CLASSES-PROVIDES PERPARATION FOR NEW PARENTS TO UNDERSTAND THE CHILBIRTH PROCESS. 15) SHATTERED LIVES PROGRAM-AN ALCOHOL AWARENESS PROGRAM FOR THE TEEN POPULATION. 16) JOB SHADOW PROGRAMS-AREA SCHOOLS PARTICIPATE IN LEARNING ABOUT HOSPITAL JOBS. 17) HEALTHY HOTLINES-PROVIDES THE COMMUNITY WITH PHYSICIAN REFERRALS, NURSE TRIAGE, AND HEALTH INFORMATION 24 HOURS A DAY.

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.

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NOTE: This is the twelfth year the charity care and community benefits form is being used for collecting the information required under Texas Health and Safety Code, § 311.0461. If you have any suggestions or questions, please include them in the space below or contact Dwayne Collins, Center for Health Statistics, Texas Department of State Health Services at (512) 776-7261 or fax: (512) 776-7344 or E-mail: dwayne.collins@dshs.state.tx.us.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: