

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**
2015

Facility Identification (FID): 2032430 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: GSMC MARSHALL **County:** HARRISON

Mailing Address: 811 S WASHINGTON MARSHALL TX 75670

Physical Address if different from above: _____

Effective Date of the current policy: 12/01/2012

Date of Scheduled Revision of this policy: 09/27/2013

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 OFFICE

Mailing Address: 811 S WASHINGTON MARSHALL TX 75670

Contact Person: DEBBIE ROMERO Title: DIRECTOR OF BUSINESS OFFICE

Phone: (903) 927-6009 Fax: (903) 934-5172 E-Mail debbie.remero@gsmc.org

Person completing this form if different from above:

Name: amanda pullen Phone: (903) 315-5184

* 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 2015 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.

It is the mission of GSMC to positively impact the overall health and wellness of our communities and to be the provider of choice for all of East Texas through innovative and high quality services enhanced by education.

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.

2

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**.

Medical bills in excess of 20% of patients AGIs

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, 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 gov't 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? varies

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).

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).

Cash pricing, uninsured-lack of access to services-To offer patients without insurance the same reasonably priced rates available to insured patients. Healthy Hotline- toll free phone line available 24/7 and staffed by experienced nurses to answer questions about health concerns. Disease management hotline-(Nurse, triage, physician referral, health info and class registration) Care Direct-Uninsured/Underinsured/lack of access to services-Monitors chronic illness Breast center and mobile mammography- all patients - all female mammo staff, available in Breast Center and mobile unit. Diabetes Education - Obese/Diabetic patients- patients are provided with diabetic education on and as needed basis prior to discharge. Patients may follow up with our education dept if they choose. Red Thursdays- Current/Potential heart disease patients (women)-Marshall Foundation hosts two free seminars in February to focus on women's heart health. A fair of the heart- everyone- community wide health fair to educate area residents of risk factors and heart disease. Offer screenings. Corporate Wellness-corporate accounts- Many professional healthcare workers work with local business to educate employees and offer wellness and prevention programs. Community education-everyone-Free publically open classes on multiple topics including: heart health, sports injury/safety, etc. Life line screening- at risk patients-A preventative health screening for individuals age 50 and older. Code STEMI and Stop Stroke- heart patients - Phone app to increase the speed and efficiency care for heart attack and stroke patients. Cardiac rehab offered at Marshall Life Center (gym)-everyone- Heart patients -Provides comprehensive cardiovascular risk reduction services to patients with heart disease. Marshall Life center-everyone- Fitness facility for everyone to work out. Extra steps-seniors-Social group for seniors. Offers trips, gatherings as well as discounts to MLC. Hospital Dieticians-patients in hospital- Nutritionists screen patients and they offer supplements and nutrition information. Sports medicine-local schools-GS partners with local schools to provide counseling and education to young athletes on things such as hydration, supplements, and healthy meals.

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 fourteenth 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: