

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**
2019

Facility Identification (FID): 1416499 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: El Paso Children's Hospital Corporation **County:** EL PASO

Mailing Address: "4845 Alameda Avenue, El Paso, Texas 79905"

Physical Address if different from above: _____

Effective Date of the current policy: 9/1/2019

Date of Scheduled Revision of this policy: 9/1/2021

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: El Paso Children's Hospital Patient Financial Services

Mailing Address: "4845 Alameda Avenue, El Paso, Texas 79905"

Primary Contact: Audrey Garcia Primary Title: Marketing Director

Primary Phone: (915) 298-5444 Primary Fax: (915) 242-8415

Person completing this form if different from above:

Name: Gloria Sanchez Title: Director of Patient Financial Services

Phone: (915) 521-7410 Fax: (915) 242-8415

Second Person completing this form if different from above:

Name: Carlos D Herrera Title: (915) 218-3451

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.texas.gov/chs/hosp under 2019 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.texas.gov/chs/hosp/..

I. Charity Care Policy:

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

"Establish a framework within which the El Paso Children's Hospital (EPCH) will identify patients that may qualify for the EPCH Care+Plus (Charity Care) Program, provide charity care, and account for charity care in accordance with the requirements set forth for Medicaid Disproportionate Share hospitals."

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

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

"El Paso Children's Hospital requires the completion of the financial assistance screening and application process. This process allows for the collection of information such as the documentation requirements set forth below in accordance with state law. Patient Financial Services uses an automated decision system to facilitate in obtaining a credit report for the sole purpose of determining eligibility for financial assistance, screen patient's potential eligibility for other third party resources and facilitate the application process. The CARE +Plus program is the payer of last resort and only made available to applicants who are not currently covered or potentially eligible for any other third party resources. Applicants who have been denied state or federal program assistance due to non-compliance are not eligible for the Care+Plus Program."

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

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- | | | |
|----------|--------------------------|-------------------------|
| 1. 100% | <input type="checkbox"/> | 4. <200% |
| 2. <133% | <input type="checkbox"/> | 5. Other, specify _____ |
| 3. <150% | <input type="checkbox"/> | |

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 refers to a population that is uninsured and live in the El Paso County. For those who fall under such circumstances are offered the Care+Plus program and are qualified when the program requirements are met.

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 _____ Hospital Website

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.

El Paso Children's Hospital, <http://elpasochildrens.org/patient-resources/>

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? "With approved documents on hand, usually same day of application."

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 Usually six months

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply. 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).

"There are over 5,750 hospitals in the United States, but fewer than 250 specialize in pediatrics. El Paso Children's Hospital is improving access to healthcare services to meet the needs of infants, children and adolescents by recruiting world class pediatric sub-specialists. In response to meeting the needs of the pediatric community, several physicians were recruited into the Hospital's medical staff including a pediatric neurosurgeon, pediatric pulmonologist, pediatric surgeon and several pediatric hospitalists and intensivists. The impact to the community is significant, as a reduction of over 85% of patients having to leave their homes to receive treatment at larger institutions, can receive the same level of care since we opened in 2012. In addition, we are expanding services our community need like our C.A.R.E.S. Clinic. In August of 2019 we rebranded our child abuse service team to effectively communicate the mission and vision of this program. The C.A.R.E.S. Clinic at El Paso Children's Hospital gives children a voice and empowers families to stop abuse and have a resource to turn to. "

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. "When child abuse is uncovered, it can be a highly stressful time. You may wonder where to turn and how best to intercede on your child's behalf. Our C.A.R.E.S. Clinic (Child Abuse Research and Advocacy) is here to help you organize the right care and stand by your side as you face the journey ahead. Since opening March 27th of 2018, the Zachary Bowling Pediatric Outpatient Diabetes Education Services at El Paso Children's Hospital has provided Diabetes Self-Management Education & Support and Medical Nutrition Therapy to over 200 children with diabetes, many with multiple visits. The Zachary Bowling Pediatric Outpatient Diabetes Education Services at El Paso Children's Hospital is the only pediatric outpatient diabetes education service in El Paso and the 250-mile surrounding area that is Recognized by the American Diabetes Association (ADA) for Quality Self-Management Education and Support. This recognition by ADA assures that the education provided is up-to-date, accurate, and meets excellent standards of quality. The Children with diabetes seen at the Zachary Bowling Pediatric Outpatient Diabetes Education Services at El Paso Children's Hospital on average have experienced a decrease in their HgbA1c by 2%."

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NOTE: This is the eighteen 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.texas.gov.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: