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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

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Facility Identification (FID):   4391435   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Cook Children's Healthcare System   **County:**   TARRANT

Mailing Address: "801 Seventh Avenue, Fort Worth Texas, 76104"

Physical Address if different from above:

Effective Date of the current policy: 7/1/2018

Date of Scheduled Revision of this policy: 2/1/2017

How often do you revise your charity care policy?   3 to 4 years

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

Name of the office/department: System Finance

Mailing Address: "801 Seventh Avenue, Fort Worth Texas, 76104"

Primary Contact: Ashley Regier   Primary Title: Dir. Budget Tax & Finance Plan

Primary Phone: (682) 885-3089   Primary Fax: (682) 885-1007

Person completing this form if different from above:

Name: Ashley Regier   Title: Director of Budget and Finance

Phone: (682) 885-3089   Fax: (682) 885-1007

Second Person completing this form if different from above:

Name: Idara Akandu   Title: (682) 855-7472

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.

"In connection with CCHCS exemption from certain federal and state taxes, and in support of CCHCS mission to serve the health care needs of the community, CCHCS will provide charity care or financial assistance to eligible needy patients."

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

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

Financial assistance for guarantors who do not have financial means to pay for health services

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.
 5

1. 100%   4. <200%

2. <133%   ☑   5. Other, specify   @ or below 400%

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**.

"A medically indigent guarantor is a person whose medical or hospital bills exceed 5% of the guarantor's annual income, has no third party insurance coverage, family income exceeds 400% of the poverty guidelines and is unable to pay. CCHCS may consider other financial assets and liabilities of the person when determining ability to pay."

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 _____ "college or university scholarship, grants, fellowships & apprenticeships"_____

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.

, www.cookchildrens.org

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

      ☑ YES   NO

      If yes, please check

      Spanish ☑ Other, please specify _____

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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

                               Financially Indingent = 100% Medical

      ☑   d. Other, please specify   Catastrophically Indigent = Sliding Scale

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? Determined by how long it takes to receive verification but usually 30 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

                  "Can last up to 1 year, but information is re-

      ☑   d. Other, specify   verified"

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). Elective cosmetic

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).

"Knowing that every child's life is sacred, it is the Promise of Cook Children's to improve the health of every child in our region through the prevention and treatment of illness, disease and injury. Cook Children's has been assisting North Texas children and their families for nearly 100 years. Today, Cook Children's is more than a nationally known medical center. It is one of the country's leading integrated pediatric health care systems. Based on the initial survey results, Cook Children's Board prioritized seven health issues to address: asthma, childhood obesity, dental health, mental health, safety (unintentional injuries), access to health care and child maltreatment."

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 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: