

**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\*\***  
**2020**

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

**Name of Hospital:** CHRISTUS Good Shepherd Medical Center **County:** Gregg; Harrison

**Mailing Address:** 700 East Marshall Ave. Longview, Tx 75601

**Physical Address if different from above:**

**Effective Date of the current policy:** 01/01/1919

**Date of Scheduled Revision of this policy:** 10/18/2022

**How often do you revise your charity care policy?** Every three years

**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 East Marshall Ave Longview, Tx 75601

Contact Person: TINA BOCK Title: FINANCIAL ANALYST

Phone: (903) 315-5194 Fax: (903) 315-1123

Person completing this form if different from above:

Name: Michael Cheek Phone: CFO

\*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:

<https://www.dshs.texas.gov/chs/hosp/hosp3.aspx> under 2020 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: <https://www.dshs.texas.gov/chs/hosp/default.shtm>.

**I. Charity Care Policy:**

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

CHRISTUS Hospitals are committed to minimizing the financial barriers to health care, especially to those who are economically poor and underserved and to those who are not covered by health insurance or governmental health care programs. Consistent with its Mission and Values as a ministry of the Catholic Church, CHRISTUS Hospitals will provide financial assistance to patients who qualify pursuant to our Policy. CHRISTUS hospitals provide, without discrimination, care for emergency medical conditions to patients regardless of whether the patients are eligible for financial assistance.

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/charity means the income-based discounts described in our Policy. A. Discounts Available Under the Financial Assistance Program 1. Full Charity Care. A patient whose gross family income is at or below 300% of the FPL will be extended a full 100% charity care discount on patient responsibility for Covered Services prior to the application of the Uninsured Discount, if applicable. 2. Charity Care Discount. An Uninsured Patient whose gross family income is more than 300% and less than 401% of the FPL will be extended a partial charity care discount equal to the difference between the gross charges for the patient’s care and the AGB for said services. 3. Hardship Discount. An insured patient whose Balance After Insurance exceeds 10% of the patient’s gross family income will be provided a full 100% charity care discount for the balance in excess of 10% of the patient’s gross family income.

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

- |          |   |                             |
|----------|---|-----------------------------|
| 1. 100%  | 4. <200%  |                             |
| 2. <133% | <input checked="" type="checkbox"/> 5. Other, specify | Less than 401% of FPL _____ |
| 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**.

An insured patient whose Balance After Insurance exceeds 10% of the patient’s gross family income will be provided a full 100% charity care discount for the balance in excess of 10% of the patient’s gross family income.

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 Business office, web-site, financial assistance eligibility vendor

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.

Web-site and Various hospital based clinic locations in Longview and Marshall, <https://www.christushealth.org/patient-resources/financial-assistance>

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

YES NO

If yes, please check

Spanish  1 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. Paycheck 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 Credit report, 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 need

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 Amounts generally billed based on Medicare payment ratio

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 to 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.  
Check all that apply?

- a. In person
- b. By telephone
- c. By correspondence
- d. Other, specify Web-site; newspaper ads; notifications to non-profit agencies/public health agencies dealing with low income populations

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).

1) DIABETES AWARENESS-PROVIDES FREE DIABETES SCREENING DURING NATIONAL DIABETES MONTH & DIABETES ALERT DAY, 2) EXTRA CLASSIC-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) SPORTS MEDICINE-ENCOMPASSES THE ENTIRE SPECTRUM OF SPORTS MEDICINE INCLUDING FREE TRAINING, EDUCATION, AND PREVENTION TO HIGH SCHOOL & COLLEGE ATHLETES. 6) TYPE 2 DIABETES SUPPORT GROUP-OFFERS INDIVIDUALS WITH DIABETES AND THEIR FAMILIES AN OPPORTUNITY TO LEARN COPING SKILLS FOR LIFESYLE CHANGES NECESSARY TO LIVE WITH DIABETES. 7) TYPE 1 DIABETES SUPPORT GROUP-PROVIDES CURRENT INFORMATION TO HELP INDIVIDUALS WITH TYPE 1 DIABETES COPE WITH LIFESTYLE CHANGES CAUSED BY THE DISEASE. 8) STROKE SUPPORT-ASSISTS SURVIVORS AND CAREGIVERS WITH LIFESTYLE CHANGES FOLLOWING A STROKE. 9) PATIENT EDUCATION-PROVIDES PROGRAMS AND WORKSHOPS DEALING WITH CHILDBIRTH PREPARATION, INFANT CPR CLASSES, AND A WIDE VARIETY OF OTHER CURRENT HEALTH ISSUES. 10) HEALTHY LIVING COMMUNITY-TOPICAL HEALTH PROGRAMS REGARDING PREVENTIVE HEALTH CARE, INCLUDING BRAIN FITNESS, CARDIAC FIT CAMP, SENIOR MOBILITY, ORTHOCARE AND MORE. 11) CHILD BIRTH CLASSES-PROVIDES PERPARATION FOR NEW PARENTS TO UNDERSTAND THE CHILDBIRTH PROCESS. 12) GRANT PAYMENTS TO LOCAL FQHCs TO HELP INCREASE PRIMARY CARE ACCESS FOR LOW INCOME POPULATIONS AND OTHERS 13) PROFESSIONAL TRAINING OF RESIDENTS, MEDICAL STUDENTS, RNs, ALLIED HEALTH AND OTHERS 14) PAYMENTS TO LOCAL MENTAL HEALTH AUTHORITY TO PROVIDE TRANSPORTS OF PATIENTS TO BEHAVIORAL HEALTH PROVIDERS

**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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**by Texas Health and Safety Code, § 311.0461**

**NOTE:** This is the twentieth 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](mailto:dwayne.collins@dshs.texas.gov).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**