

**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\*\*  
2021**

**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:** 07/01/2021

**Date of Scheduled Revision of this policy:** 07/01/2022

**How often do you revise your charity care policy?** Reviewed annually, revised 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 East Marshall Ave Longview, TX 75601

Contact Person: Michael Cheek Title: CFO

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person completing this form if different from above:

Name: Michael Cardenas Phone: (469) 282-0354

\*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 2021 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: <http://www.dshs.texas.gov/chs/hosp/>

**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 this 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.

Charity is Financial Assistance, which means the income-based discounts described in Section A of the Policy.

b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.  
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- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify 300%

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**.

Hardship Discount. Any patient whose balance, which could include 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 Other Income, such as income from trust funds, charitable foundations, etc.

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 If a patient requests a form via email or mail one will be provided

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.

Charity applications are available at [christushealth.org](http://christushealth.org) and can be accessed from any location., [christushealth.org](http://christushealth.org)

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 A patient can be screened for charity prior to admission for scheduled services

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  
A percent of billed charges based on the AGB calculation for the hospital or 100% of charges for amounts due in excess of
- d. Other, please specify 10% of the patient's gross family income

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? For completed applications, CHRISTUS Hospitals will make a determination regarding the applicant's eligibility in a timely manner and consistent with this Policy.

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.  
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 or lifestyle services that are not considered emergent or medically necessary as determined by a physician at a CHRISTUS hospital facility

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). Mental Health The following projects target community members with behavioral health diagnoses who lack adequate, regular psychiatric care, including access to in-patient services: 1) Hospital emergency psychiatric evaluation and stabilization services 2) Outpatient psychiatric services. 3) Payments to local mental health authority to transport patients to in-patient behavioral health facilities. Primary Care Access These projects aim to provide access to primary care for community members lacking such care. Many of our local independent school districts serve a high percent of underserved populations, many of whom participate in athletic programs: 4) Grant payments to local FQHC to help increase primary care access for low income populations and others. 5) Enhancing and expanding Patient-Centered Medical Homes 6) Sports medicine athletic trainers serving area schools and offering free Saturday clinics in Fall: provide free training, education, screening and prevention to high school & college athletes. 7) Institute for Health Living scholarships: allows access to fitness facility to persons in poor health with limited finances. Health System Performance These projects aim to increase capacity of the local health system by training the next generation of health care professionals and by offering needed services: 8) Professional training of residents, medical students, registered nurses, allied health, and others 9) Sexual Assault Nurse Examiner program providing trained, local health professionals to identify and support persons experiencing assault. Other service lines benefitting underserved and at-risk populations These services aim to increase access to health care and implement best practices for women’s and children’s health, an area of need in NETX particularly for women of color: 10) Obstetrics Emergency Department 11) Labor & Delivery implementing TexasAIM initiative 12) Neonatal Intensive Care Unit Other community benefit activity Although the Covid-19 pandemic reduced and eliminated much in-person community benefit activity and networking, it fostered other opportunities for collaboration and support: 13) Grants and In-Kind support for area not-for-profit groups: although lessened from the pandemic, these gifts of time and money still improved job training, food security, parental coaching, and safe environments in homes. 14) COVID-19 impacts: lessened in-person public health education, but in partnership with city, county, and local fire and ems personnel CGSMC offered a vaccine mega-hub which provided over 70,000 vaccine shots.

**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 twenty-first 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:**