

**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\*\*  
2023**

**Facility Identification (FID):** 2330400 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** GPCH dba Golden Plains Community Hospital **County:** Hutchinson

**Mailing Address:** 100 Medical Dr. Borger, TX 79007

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 05/01/2018

**Date of Scheduled Revision of this policy:** 05/01/2025

**How often do you revise your charity care policy?** Review is done annually

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

Name of the office/department: Latisha Scott

Mailing Address: 100 Medical Dr. Borger, Texas 79007

Contact Person: Dina Hermes Title: Consultant

Phone: 9038684276 Fax: 8064675704

Person completing this form if different from above:

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

\*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](http://www.dshs.texas.gov/chs/hosp) under 2023 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.

Golden Plains Community Hospital has a tradition of serving our community that have limited income, the needy and all who require health care services, without regard to a patient’s ability to pay for health care costs. Through a variety of programs, Golden Plains Community Hospital provides direct medical care, health screening, health promotion and education free of charge or at discounted rates. For information about the charity care program offered by Golden Plains Community Hospital and assistance in applying for charity care, please contact (806)467-5730.

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

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

To identify patients that do not qualify for Indigent and provide them with appropriate financial assistance based on their financial needs.

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

5

1. 100%

2. <133%

3. <150%

4. <200%

We use a sliding scale based on number of household members from 200%-350% of the FPL

5. Other, specify

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 person who is uninsured or underinsured and would have a financial hardship if forced to pay the remaining bill in full and a determination is made to provide assistance

e. Does your hospital use an Assets test to determine eligibility for charity care?

YES NO If yes, please briefly summarize method. We include the amount of money a person has in their checking and saving at the time they are applying for benefits excluding income tax payments

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

Any adult where there is a legal responsibility for support and they are employed. We include the income for each of those adults

---

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 \_\_\_\_\_

By email if necessary

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.

, Golden Plains Business Office, Golden Plains Specialty Clinics/Golden Plains Walkin Clinic 50 Medical Drive, Borger, Tx 79007/202 S Mcgee St Unit B, Borger, Tx 79007

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

YES NO

If yes, please check

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 \_\_\_\_\_

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

All applications are processed in a timely manner and per patient necessity. For example, If there is an inpatient it will be processed at time of admission. Additional applicants will be processed in 3-4 business days

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? 3-4 Business 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 \_\_\_\_\_

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).

**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.



**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**

**NOTE:** This is the twenty-third 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:**