

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**
2024**

Facility Identification (FID): 4395142 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Texas Health Huguley Hospital **County:** Tarrant

Mailing Address: 11801 South Freeway, Burleson, TX 76028

Physical Address if different from above: 11801 South Freeway, Burleson, TX 76028

Effective Date of the current policy: 1/1/2024

Date of Scheduled Revision of this policy: 01/01/2026

How often do you revise your charity care policy? Reviewed yearly

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

Name of the office/department: AdventHealth Business Office / Financial Assistance Department

Mailing Address: PO Box 935979, Atlanta GA 31193

Contact Person: Ikenna Oputa Title: Patient Financial Services Director

Phone: (913)676-7557 Fax: (913)676-7743

Person completing this form if different from above:

Name: Kimberly Jarvis Phone: (913)676-8131

*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 2024 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.

AdventHealth is committed to excellence in providing high quality health care while serving the diverse needs of those living within our service area. AdventHealth is dedicated to the belief that medically necessary care should be accessible to all, regardless of race, color, sex, national origin, age, gender, gender identity, sexual orientation, geographic location, religion, cultural background, disability, physical mobility, ability to pay, or whether payment for services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

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

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

Individuals receiving medically necessary care may be considered for financial assistance if the patient presents with any of the following: *No third-party coverage is available . *Medicare or Medicaid benefits have been exhausted or are considered not covered and the patient has no further ability to pay. *Patient is insured but qualifies for assistance based upon financial need with respect to the individual's remaining balance after insurance, out-of-pocket, or all other payments from third parties. *Patient meets local and/or state charity requirements . *Patient is already eligible for assistance (e.g., Medicaid), but the services rendered are not covered.

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

5

1. 100%

4. <200%

5.

2. <133%

Other, specify Less than 250%

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**.

Persons who do not have health insurance & who are not eligible for other health care coverage

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

YES NO If yes, please briefly summarize method. An asset test is mandatory for Medicare patients only. An asset test for non-Medicare patients is optional. This asset evaluation's purpose is to determine eligibility for financial assistance for applicants who are retired with fixed incomes less than or equal to two hundred fifty percent (250%) of the Federal Poverty Guidelines up to the max asset limits provided by the Center's for Medicare and Medicaid Services (CMS). An asset for the purposes of this policy evaluation shall represent any cash or cash-equivalents the applicant possesses in his or her bank(s) along with the value of certain nonretirement investment accounts (i.e., stocks, bonds, and real estate).

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 student over 18 yrs old dependent on family for over 50% support (current tax return of responsible adult is required). Any other persons dependent on family's income for over 50% support (current tax return of responsible adult is required)

- 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 Through their patient portal

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.

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

YES NO

If yes, please check

Spanish 1 Other, please specify

Arabic, Chinese, Greek, Gujarati,
Haitian Creole, Korean, Portugese,
Russian, Spanish, Tagalog,
Vietnamese

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
- 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? 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 _____

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). Cosmetic Procedures

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. Chronic disease prevention and management through diabetes education . One hundred forty pregnant mothers with gestational diabetes benefited from a two-hour class focusing on proper nutrition, monitoring glucose levels, and at least one follow-up appointment. Two hundred thirty two individuals participated in Medical Nutrition Therapy, resulting in 83% showing decreases in A1C levels. 2. Behavioral Health. We provided free behavioral health assessments to over 30 adolescents and over 350 adults. Our outpatient programs provided more than 194 adolescent visits and over 2,200 adult visits. 3. Post-acute primary care follow-up for the uninsured. We provided over 1,400 patient visits as we helped patients with the necessary resources to self-manage their chronic conditions after a hospital stay. 4. Basic primary care to the uninsured. Our mobile health unit provides services in 14 unique locations each month and served over 900 individuals without expecting payment.

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-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.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: