**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):** 4410020 (Enter 7-digit FID# from attached hospital listing)***

**Name of Hospital:** Hendrick Medical Center **County:** Taylor

**Mailing Address:** 1900 Pine St Abilene, TX 79601

**Physical Address if different from above:**

**Effective Date of the current policy:** 09/01/2020

**Date of Scheduled Revision of this policy:** 08/31/2021

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

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

Name of the office/department: Resource Assistance

Mailing Address: 1900 Pine St Abilene, TX 79601

Contact Person: Elyse Lewis Title: Coordinator, Women's Health Co

Phone: (325) 670-2532 Fax: (325) 670-4508

Person completing this form if different from above:

Name: Merle Pallarez Phone: Supervisor

*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.

Hendrick Medical Center will provide medically necessary and appropriate treatment to all individuals regardless of their ability to pay. In compliance with the IRS Section 501(r), this approved policy fulfills the requirement that Hendrick Medical Center's financial assistant policy and billing and collections policy be adopted by an authorized governing body of the hospital.

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

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

Emergent or Medically Necessary services are defined as inpatient and outpatient services for uninsured or underinsured patients who cannot afford to pay for hospital services according to the guidelines of this policy. Financial assistance does not include contractual allowances from government programs and insurance, or Uninsured Patient discounts, but may include insurance co-payments and deductibles or both as well as exhausted benefits. Qualified patients will have no obligation, or a discounted obligation to pay for any services received which are deemed to be eligible under the Hospital's Financial Assistance Program.

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

5

1. 100%
2. <133%
3. <150%
4. <200%
☑ 5. Other, specify 250

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 with a catastrophic illness or injury whose unpaid hospital charges exceed their ability to pay and their gross household income does not exceed 400% of the current Federal Poverty Guidelines.

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 www.ehendrick.org

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.

ER 1900 Pine Street, also rural clinics and Presbyterian Medical Care Mission, www.ehendrick.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 _____

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? If the patient comes in with all required information we can provide it same day, ut if by mail, can take up to 3 weeks.

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 _____

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). Excludes elective, non-emergent 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).

Hendrick is currently focusing on several needs identified in our CHNA. One of these is access to primary care. HMC provides financial support monthly to the Presbyterian Medical Care Mission that provides both preventative and primary care to unfunded individuals in and around our community. Hendrick also is focused on improving the health of those individuals who are dealing with chronic illness, specifically diabetes. With the help of DSRIP Hendrick has put in place interventions that have improved blood pressure control, A1C control and other common chronic issues Diabetics deal with. Hendrick also is focused on the mental health of all our patients by adding behavioral health screenings to the initial prenatal visit for all OB patients and also, by providing financial support monthly to Betty Hardwick Center which provides psychiatric care both IP and OP for our community.

**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:**