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**
2017

Facility Identification (FID): 2012018 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Texas Children's Hospital **County:** Harris

Mailing Address: 6621 Fannin Street, Houston, TX 77030

Physical Address if different from above:

Effective Date of the current policy: 05/31/2017

Date of Scheduled Revision of this policy:

How often do you revise your charity care policy? 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: 6621 Fannin Street, Mail Code 2-4300, Houston, TX 77030

Contact Person: Enrique Gonzalez Title: Director

Phone: (832) 822-3017 Fax: (832) 825-3036 E-Mail eegonzal@texaschildrens.org

Person completing this form if different from above:

Name: Robert Simon Phone: (832) 824-2918

*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 2017 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: www.dshs.texas.gov/chs/hosp/.

I. Charity Care Policy:

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

Texas Children's Hospital ("TCH" or "Hospital") is committed to providing the highest quality care and recognizes that some of its patients and/or patient families are unable to pay for some or all of their care. It is the policy of TCH to provide financial assistance to patients who are financially or medically indigent in furtherance of the mission and values 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.

Includes the following: (1) the unreimbursed cost to the Hospital for services provided to a patient receiving inpatient and/or outpatient treatment who meets the Hospital¿s criteria of financially or medically indigent, and/or (2) the cost to the Hospital for services provided to an uninsured patient who does not have the ability to pay. Financial assistance will be available to all patients who qualify. Charity Care is only applicable to services deemed "medically necessary" by Medicare, Medicaid, or industry standards. Other services not deemed "medically necessary" must be pre-qualified by the Charity Care Committee.

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

4

1. 100%
☑ 4. <200%
2. <133%
5. Other, specify _____
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**.

Medically Indigent is defined as a patient who the Hospital has determined to be unable to pay some or all of his or her Hospital bills because such bills exceed a certain percentage of the patient¿s or patient's family's income and/or assets (e.g. due to catastrophic cost or other conditions), even though the patient and/or family have income or assets that disqualify them from meeting the criteria for financially indigent.

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 Email

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 ☑ 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. Pay check 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 Requests for future service

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? 30

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 Email

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).

See the attached community benefit implementation plan.

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. A patient seeking Financial Assistance generally must complete an application. However, if applicable, Presumptive Eligibility may be determined in lieu of reviewing a Financial Assistance application. Presumptive Eligibility: A patient who has not submitted a completed application for Financial Assistance, but whose circumstances fit within one or more of the following criteria Homeless; Eligible for Medicaid or CSHCN, but not on the date of service or for a non-covered service; Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 200% of the FPL; Referred for services by the Harris County Health System having eligibility criteria at or below 200% of the FPL; and Identified utilizing third party software as having eligibility criteria at or below 200% of the FPL.

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NOTE: This is the sixteenth 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: