<table>
<tr><td colspan="2" align="center">**`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**
2022</td></tr>
<tr><td>**Facility Identification (FID):**</td><td>1136012   (Enter 7-digit FID# from attached hospital listing)*****</td></tr>
</table>

Name of Hospital: Texas Scottish Rite Hospital for Children   **County:**   Dallas

Mailing Address: 2222 Welborn Street

Physical Address if different from above:

Effective Date of the current policy: 02/26/2019

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:

Mailing Address:

Contact Person: Natoshia Behrens   Title: Director, Patient Access

Phone: (214) 559-7552   Fax:

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 under 2022 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.

Our mission is to provide premier health care services to our patients regardless of the family's ability to pay.

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

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

    Financial Assistance and Charity Care policy provides financial assistance in the form of free or discounted care to families who qualify.

    b. What percentage of the federal poverty guidelines is financial eligibility based upon? Check one.
    5

1. 100%	4. <200%	
2. <133%	☑ 5. Other, specify	Less than or equal to 200%
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 means a patient whose combined medical or hospital bills from the previous 12 months, after payment by all third parties, exceed 1% of the patient's gross income, whose gross income is greater than 200% but less than or equal to 1000% of the FPG, and who is unable to pay the outstanding patient account balance.

    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   myChart, 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.

Texas Scottish Rite Hospital for Children at our website and also at physician offices as provided by our physician liaison team and with all contracted payors., https://scottishriteforchildren.org/becoming-out-patient/financial-assistance-crayon-care

       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 _____

4

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   Time of Enrollment

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? 1-3 days when all required documents are received

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).
Please see attached FY22 Annual Report of Community Benefits_Final document

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-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.

Name of Hospital: _____   City: _____

Contact Name: _____   Phone: _____

Suggestions/questions: