

**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\*\***  
**-2009-**

<b>Facility Identification (FID):</b> 4236355	(Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** Tyler Continue Care Hospital at Mother Frances **County:** SMITH

**Mailing Address:** 800 East Dawson 4th floor, Tyler TX 75701

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

**Effective Date of the current policy:** 08/31/2007

**Date of Scheduled Revision of this policy:** 08/31/2011

**How often do you revise your charity care policy?** 4 years

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

Name of the office/department: Business Office

Mailing Address: Same

Contact Person: Shelia Hale **Title:** Business Office Manager

Phone: (903) 525-1638 Fax: (903) 525-1580 E-Mail hales@tmfhs.org

Person completing this form if different from above:

Name: Bruce Bickham Phone: (972) 943-6458

\* 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 also available in Word or PDF formats at DSHS web site: [www.dshs.state.tx.us/chs/hosp](http://www.dshs.state.tx.us/chs/hosp) under 2009 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.state.tx.us/chs/hosp/](http://www.dshs.state.tx.us/chs/hosp/).

**I. Charity Care Policy:**

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

Mission of providing high quality, effective health care services to the community and particular, to those persons financially unable to pay for such services.

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

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

Patients who have proven inability to pay for their medical care as determined through evaluation by the business office.

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

- 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**.

Person whose medical or hospital bills after payment by third-party payers, if any exceed a specified percentage of the patient's gross annual household income, inaccordance with the hospital's eligibilty system, and the person is financially unable to pay the remaining bill.

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

YES  NO If yes, please briefly summarize method.

The hospital may consider other financial assets and liabilities of the person when determining ability to pay.

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 \_\_\_\_\_

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, 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 govt 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?

7-10 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?

- 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).

Community Benefit Plan ? Measurable Objectives and Tactics Adults over the age of 65 living within the PSA and SSA are the focus of Tyler ContinueCARE Hospital?s community benefit plan. The reason for this focus is the larger percentage of adults over the age of 65 living in the area as compared to the state of Texas. Another reason is this population is the one primarily served by Tyler ContinueCARE Hospital. After reviewing the data available and speaking to a variety of community representatives, it was concluded that adults over the age of 65 in the PSA and SSA are significantly affected by issues related to aging, respiratory disease and heart disease. Therefore, hospital leadership selected these primary areas of focus for its FY 2011 Community Benefit Plan objectives. Objective #1: Implement a variety of awareness, education and screening programs focused on aging and on risk factors, prevention and treatment of heart disease and respiratory disease for FY 2011. Rationale: Health screenings and awareness activities help to identify community members with diseases or risk factors. Many times identifying such a condition in its earliest stages ensures the best outcomes for care. Tactics: ? Participate in elder conferences held in Tyler and Longview and track participation. ? Participate in Tyler Chamber of Commerce health fair and offer blood pressure health screenings. ? Sponsor teams to participate in the Relay for Life and Heart Walk events. Metric: In FY2011, the hospital will successfully participate in and report on these health fairs and educational opportunities for residents of the service areas and the service area as outlined in the tactics. Objective #2: Assisting with providing community members with basic needs by assisting the local food pantry with regularly scheduled food drives and once a year school supply drive. Rationale: This community-based program is designed provide additional support for those who need it. Metrics: The hospital will participate in canned food drives and school supply drive for the local food pantry and report participation. Objective #3: The employees of Tyler ContinueCARE Hospital are dedicated to enhancing community wellness by supporting local nursing schools and PT Assistant Schools. Rationale: These programs train additional healthcare professionals to serve the community. Many students may not have awareness of the LTACH environment and the career opportunities offered within the facility. Metric: Employees participate in the programs by presenting to students enrolled in these programs. This participation will be tracked and reported. Objective #4: Tyler ContinueCARE Hospital will begin planning for patient and care giver support groups to serve hospital patients and their family members. Rationale: These programs offer emotional support during a difficult time. Patients who are supported emotionally have better medical outcomes. Metric: Convene a committee to begin the planning process. Plan the group?s first planning meetings for early 2011.

### **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.

