

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-

Facility Identification (FID): 1832327	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Good Shepherd Medical Center **County:** GREGG

Mailing Address: 700 East Marshall Avenue, Longview, TX 75601

Physical Address if different from above: _____

Effective Date of the current policy: 10/01/2009

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: 700 East Marshall Avenue, Longview, TX 75601

Contact Person: Allen Hold Title: PFS Director

Phone: (903) 315-5227 Fax: (903) 315-2955 E-Mail ahold@gsmc.org

Person completing this form if different from above:

Name: Chrissy Ramsey Phone: (903) 315-5193

* 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 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/.

I. Charity Care Policy:

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

We exist to care for those who present themselves to us whatever their need, regardless of race, creed or gender. We will provide health services to the medically underinsured as far as resources provide, while maintaining the long term integrity of services to our community.

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

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

Uncompensated care that is not bad debt, which meets the hospital policy for financial assistance.

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

- 1. <100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify Sliding scale from 225% to 100%

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**.

Those persons whose insurance benefits leave them owing a substantial part of the hospital bill, or who have no coverage, who may otherwise be employed and do not meet criteria for federal or other aid (over resourced).

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

YES NO If yes, please briefly summarize method.

Patients must self report personal assets including homes, autos, boats, etc. on the Application for Assistance. The application also requests patients to provide any liquid cash including savings accounts and checking accounts.

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 School loans

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 Business Office; 3rd party eligibility company; online

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.

Clinics

Various locations in the 3 county area

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

YES NO

If yes, please check

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 credit report obtained as needed/appropriate

5. When is a patient determined to be a charity care patient? Check all that apply.
- At the time of admission
 - During hospital stay
 - At discharge
 - After discharge
 - Other, please specify Pre-admission based on medical necessity
6. How much of the bill will your hospital cover under the charity care policy?
- 100%
 - A specified amount/percentage based on the patient's financial situation
 - A minimum or maximum dollar or percentage amount established by the hospital
Sliding scale based on income to bill ratio and number in household
 - 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?
Average of 0 to 60 days
9. How long does the eligibility last before the patient will need to reapply? Check one.
- Per admission
 - Less than six months
 - One year
 - Other, specify 90 days
10. How does the hospital notify the patient about their eligibility for charity care?
Check all that apply?
- In person
 - By telephone
 - By correspondence
 - 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).
- Sevices determined as not medically necessary, such as 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) Diabetes Awareness - Provides free diabetes screening during national Diabetes Month and Diabetes Alert Day. 2) ClassicCare - Provides free health-related seminars to senior citizens on topics ranging from CPR to proper nutrition. Also provides hospital discounts, time-saving conveniences, and social activities. 3) Community CPR Training - In association with the Longview Fire Department and the American Heart Association provides free basic life support training. 4) Prostate Screening Program - Offers free prostate cancer testing to men over age 40 who have never been screened for the disease. 5) Heart and Sole Club - Provides free incentives to encourage walking for exercise. 6) Sports Medicine - Encompasses the entire spectrum of sports medicine including free training, education, and prevention to high school and college athletes. 7) A Fair of the Heart - Provides free pulmonary function screening, blood pressure checks, cholesterol testing, and glucose screening. 8) Helping Hearts - Provides information and support for cardiac patients who have undergone interventional procedures. 9) Us, Too - Offers an opportunity for prostate cancer survivors to obtain current information on their disease and related topics. 10) Type 2 Diabetes Support Group - Offers individuals with diabetes and their families an opportunity to learn coping skills for lifestyle changes necessary to live with diabetes. 11) Type 1 Diabetes Support Group - Provides current information to help individuals with Type 1 diabetes cope with lifestyle changes caused by the disease. 12) Stroke Support - Assists survivors and caregivers with lifestyle changes following a stroke. 13) Patient Education - Provides programs and workshops dealing with childbirth preparation, infant CPR classes, and a wide variety of other current health issues. 14) Spirit of Women - This gender specific program helps women make decisions for preventive health care. 15) Child Birth Classes - Provides preparation for new parents to understand the childbirth process. 16) Shattered Lives Program - An alcohol awareness program for the teen population. 17) Job Shadow Programs - Area schools participate in learning about hospital jobs. 18) Blood Drives - The American Red Cross and GSMC co-sponsored ten blood drives to meet area shortages. 19) Cash Pricing Program - The cash payment pricing program seeks to offer patients without insurance the same reasonable pricing rates that are available to those who have insurance coverage. 20) Drive Thru Flu Shot Clinic - This program allows community members to receive their flu vaccination without ever having to leave the comfort of their vehicle.

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.

