

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): 632830	(Enter 7-digit FID# from attached hospital listing)***
--	--

Name of Hospital: East Texas Medical Center Pittsburg **County:** CAMP

Mailing Address: 2701 US HWY 271 North, Pittsburg, TX 75686

Physical Address if different from above: _____

Effective Date of the current policy: 11/01/2009

Date of Scheduled Revision of this policy: 11/01/2010

How often do you revise your charity care policy? Yearly

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

Name of the office/department: Financial Counseling

Mailing Address: 2701 US HWY 271 North, Pittsburg, TX 75686

Contact Person: Ressa Tefteller Title: Financial Counselor

Phone: (903) 946-5533 Fax: (903) 946-5594 E-Mail cetefteller@etmc.org

Person completing this form if different from above:

Name: Tommy O'Gorman Phone: (903) 946-5520

* 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.

By virtue of their exemption from federal and state taxes and as a part of their mission to serve the healthcare needs of their communities, each hospital within the East Texas Medical Center Regional Healthcare System (System) will provide charity care to patients who meet the criteria of this policy and do not have the financial means to pay for hospital 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.

Inpatient and outpatient medical treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to the guidelines of this Policy. Charity Care does not include bad debt or contractual allowances from government programs and insurance, or Uninsured Patient Discounts, but may include insurance co-payments or deductibles, or both. The patient will have no obligation, or a discounted obligation, to pay for any services received which are deemed to be Charity Care under this Policy.

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 _____

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 medically indigent patient is a person whose unpaid hospital charges exceed their ability to pay and whose remaining bill will result in no obligation or a discounted obligation to pay for the services rendered, based on the eligibility criteria set forth in this policy.

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 _____

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?
1-5
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).
- 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).

? ETMC Pittsburg began construction in November 2007 of a new hospital, physician clinic, and rehabilitation complex to be completed in the summer of 2010 to better serve the healthcare needs of Camp County and the surrounding area. ? ETMC Pittsburg plans to continue to operate a rural health clinic in Pittsburg to enhance the level of healthcare in Pittsburg and the surrounding area. ? ETMC Pittsburg will continue to support youth sports and scouting programs both with money, in-kind service, and employee time. ? ETMC Pittsburg will continue to reach out to its community with blood pressure checks and various other screenings. ? ETMC Pittsburg will continue to provide educational seminars for the local community. ? ETMC Pittsburg will continue to co-sponsor the Safe Riders car seat program with the Texas Department of Health. ? ETMC Pittsburg will continue to participate as requested in health fairs and wellness screening programs in the local community. ? ETMC Pittsburg will participate in the Safe Riders car seat program by providing car seat checks and provide free car seats for low-income families. ? ETMC Pittsburg will continue to support various civic events financially. ? ETMC Pittsburg will continue to support the educational opportunities available through Northeast Texas Community College. ? ETMC Pittsburg will continue to support Project Graduation in an effort to provide safe alternatives for high school seniors to celebrate their graduation. ? ETMC Pittsburg will continue to offer social services to individuals who are unable to afford medical supplies and services. ? ETMC Pittsburg will continue to be a major sponsor of the American Cancer Society Relay for Life. ? ETMC Pittsburg has begun an extensive employee training program to enhance management skills, to improve employee retention, and to improve patient care.

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.