<table>
<tr><td 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**
2020</td></tr>
</table>

Facility Identification (FID):   2816298   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: AdventHealth Rollins Brook   **County:**   Bell

Mailing Address: 2201 S Clear Creek Rd. Killeen, TX 76549

Physical Address if different from above:

Effective Date of the current policy:

Date of Scheduled Revision of this policy:

How often do you revise your charity care policy?

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: Brooke Massey   Title: Financial Analyst

Phone: (817) 568-3346   Fax: (817) 568-5546

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: https://www.dshs.texas.gov/chs/hosp/hosp3.aspx under 2020 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: https://www.dshs.texas.gov/chs/hosp/default.shtm.

I. Charity Care Policy:

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

Adventist Health System (AHS) is committed to excellence in providing high quality health care while serving the diverse needs of those living within our service area. AHS is dedicated to the view that emergency and other non-elective medically necessary care should be accessible to all, regardless of age, gender, geographic location, cultural background, physical mobility, or 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.

AHS provides emergency and other non-elective medically necessary care to individual patients without discrimination regardless of their ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage. In the event that third-party coverage is not available, an allocation is made each year for finds to be available for financial assistance.

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**.

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

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☑ 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 ☑ 1 Other, please specify _____

4. When evaluating a charity care application,

   a. How is the information verified by the hospital?

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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 _____

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?

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).

Below is a brief description of the top three community benefit projects. 1. Obesity education high obesity rates in the entire community. 2. Flu vaccinations high rates of flu and deaths form flu in the service area. 3. Integration of mental and spiritual health high need for mental health services, especially among low-income and minority populations.

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
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for Inclusion in DSHS Charity Care Manual as Required
by Texas Health and Safety Code, § 311.0461

NOTE: This is the twentieth 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: