

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**
2021

Facility Identification (FID): 971550 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: North Texas Medical Center **County:** Cooke

Mailing Address: 1900 Hospital Blvd, Gainesville, TX 76240

Physical Address if different from above:

Effective Date of the current policy: 06/01/2021

Date of Scheduled Revision of this policy: 06/01/2024

How often do you revise your charity care policy? every three years or as need is determined

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

Name of the office/department: Financial Assistance

Mailing Address: 1900 Hospital Blvd, Gainesville, TX 76240

Contact Person: Karina Robles Title: Financial Assistance Coordinator

Phone: (940) 612-8349 Fax: (940) 612-8492

Person completing this form if different from above:

Name: Gary L. Calvert Phone: (940) 612-8645

*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 2021 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.

The hospital shall contribute appropriate resources, advocacy and community support to promote the health status of the community, which it serves, within its economic ability to do so. Financial assistance will be provided to patients with a demonstrated inability 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.

All patients insured and uninsured may apply for financial assistance at any time during the continuum of care or after care is received.

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**.

"Medically Indigent" means a patient whose medical or hospital bills from all related or unrelated providers, after payment by all third parties, exceed 10% of such patient's Yearly Household Income, whose Yearly Household Income is greater than 200% but less than or equal to 400% 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 _____

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?

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

☒

The classification of a patient as being eligible for financial assistance shall occur at the time sufficient information has been obtained to verify the patient's inability to pay for needed medical services, and as soon as possible after the patient first presents for services or indicates an inability to pay for services. It is ultimately the patient's responsibility to provide the necessary information to qualify for financial assistance.

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? up to five business days after submission of all requested items

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 six months

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). In FY2021 (July 2020 to June 2021, community projects were minimal due to the ongoing COVID pandemic

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.

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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: