

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**

Facility Identification (FID): 293120 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: CHRISTUS Santa Rosa Health System **County:** Bexar

Mailing Address: 333 North Santa Rosa Street, San Antonio, Texas 78207

Physical Address if different from above: same

Effective Date of the current policy: 07/24/2007

Date of Scheduled Revision of this policy: _____

How often do you revise your charity care policy? annually as needed

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

Name of the office/department: Admitting

Mailing Address: 333 North Santa Rosa Street

Contact Person: Dan House

Regional Director,
Patient Financial
Services

dan.house@christushealth.or

Phone: (210) 704-8747 Fax: (210) 704-4189 E-Mail g

Person completing this form if different from above:

Name: Andrea Guajardo Phone: (210) 704-4859

* 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: www.dshs.state.tx.us/chs/hosp under 2012 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.

In keeping with the philosophy of CHRISTUS Health, CHRISTUS Santa Rosa Health System will, in its efforts to respect the dignity of people in need, provide assistance to patients unable 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.

Unreimbursed (or unpaid) cost of providing funding or otherwise financially supporting services on an inpatient or outpatient basis to a person classified by the healthcare provider as Financially Indigent or Medically Indigent.

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 patient whose medical or hospital bill after payments exceed twenty-five percent (25%) of the person's annual gross family income, and who is financially unable to pay the remaining balance.

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

YES NO If yes, please briefly summarize method.

Family size, potential government medical assistance eligibility, resources and debts, and monthly income

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 mail _____

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.
collection agencies and eligibility vendors have charity care applications that are provided upon request ,

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

- YES NO

If yes, please check

Spanish 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. 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 Pre-registration

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? 5-7 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 6 months

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).

n/a

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).

Care Partners - Coordinated care management for those with chronic conditions including Diabetes, Congestive Heart Failure, Hypertension, Asthma, and Other to lower promote preventative behaviors for health as well as access to a regular medical home. This intervention is done through the use of Certified Community Health Workers in the hospital setting.

Emergency Department Navigation ∫ Certified Community Health Workers provide education and navigation to community resources for the uninsured for patients who present in the Emergency Department with non-urgent conditions. These patients are assisted in accessing a regular medical home and provided with follow up to ensure the use of the medical home.

School Based Health Services ∫ SBHC services are provided the CSR Pediatric Mobile Unit in Bexar and Comal Counties to provide comprehensive pediatric primary care including well child examinations, immunizations, EPSDT (Early Periodic Screening Diagnosis and Treatment) services, treatment of minor illnesses, referral and linkages to specialty care, education, assistance in applying for Medicaid and CHIP and prescription assistance.

CHRISTUS Santa Rosa Women, Infant, and Children (WIC) program - a nutrition and breastfeeding education and support program that provides supplemental nutritious food products to participants through use of an Electronic Balance Transfer Card. Services are available for pregnant and breastfeeding women, infants up to one year old, and children five years of age and younger.

Paloma Program - every new mother of an infant born at CHRISTUS Santa Rosa receives a visit from the program manager of the Paloma program. Each mother is offered the opportunity to receive a home visit by a Registered Nurse. The RN∫s focus is to evaluate the status and well being of mother and infant in their surroundings. Families are assessed for the level of stress brought on by the birth of the infant. Where identified, the mother/family is offered the opportunity to be followed in a case management style by staff of organizations who promote appropriate parenting skills. Many clients do choose to be referred to participating organizations.

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
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

NOTE: This is the twelfth 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.state.tx.us.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: