

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): 3550737	(Enter 7-digit FID# from attached hospital listing)***
---	--

Name of Hospital: Driscoll Children's Hospital **County:** NUECES

Mailing Address: 3533 S. Alameda, Corpus Christi, Texas 78411

Physical Address if different from above: n/a

Effective Date of the current policy: 07/29/2008

Date of Scheduled Revision of this policy: 05/01/2011

How often do you revise your charity care policy? annually

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

Name of the office/department: PFS/Patient Access

Mailing Address: 3533 S. Alameda, Corpus Christi, Texas 78411

Contact Person: Minnie Coronado Title: Director of PFS

Phone: (361) 694-4646 Fax: (361) 808-2092 E-Mail minnie.coronado@dchstx.org

Person completing this form if different from above:

Name: Julia Pons Phone: (361) 694-4803

* 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.

As part of its commitment to serve the community, DCH elects to provide financial assistance or charity care to individuals who are financially, medically or catastrophically indigent and satisfy certain eligibility requirements.

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

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

3. Uncompensated, Charitable Care ? Means the unreimbursed/unpaid portion of a patient's bill for which: i. The patient/guarantor is responsible ii. The patient/guarantor is unable to pay iii. The patient/guarantor has shown a genuine concern to pay iv. There are no alternative funding resources available and/or desirable v. The hospital voluntarily chooses not to pursue further collection activity

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

1. <100%

4. <200%

2. <133%

5. Other, specify 200%

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**.

5. Medically Indigent ? Means a person whose medical or hospital bill after payment by third-party payers, if any, exceed a specified percentage of the patient's gross annual household income, in accordance with the hospital's eligibility determination system, and the person is financially unable to pay the remaining bill. To be eligible for charity care as a medically indigent patient, a household's income shall be between 200% and 400% of the federal poverty guidelines and the patient must be unable to pay the remaining bill. The hospital may consider other financial assets and liabilities of the person when determining ability to pay.

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

YES NO If yes, please briefly summarize method.

including but not limited to: 1) the value of other property 2) the value of other vehicles 3) the amount of monies set aside for education 4) the amount of obtained in legal settlements 5) the amount or value of other resources c. other financial obligat

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 us 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.

n/a

n/a

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?
3-5 work 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 3 months after the initial date of determination
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).
- Non-covered Services: Transplant, bariatric and other such services which may be from time to time so designated, are not subject to DCH's charity care policy.
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) Asthma Education Classes are now available for patients you feel need more education on asthma. Classes are held on an individualized or group basis. An Asthma Educator will meet with the family on a one-to-one or group basis and provide a thorough Asthma Education session based on the NHLBI guidelines. The Asthma Educator will collaborate with the healthcare provider in educating a family with child/children that has/have asthma. 2) Driscoll's Injury Prevention Program provides over 1,000 bicycle helmets to children in our 33-county service area every year. The helmets are provided to groups such as Boy and Girl Scout Troops, elementary schools conducting bicycle rodeos, and after-school and summer programs. We also provide helmets to patients in the Driscoll Emergency Department who have been hurt on a bicycle. All helmets are provided with education from certified bicycle experts. 3) Camp Easy Breathers is a summer camp for children with asthma. It is designed to provide physical and social experiences that are fun while increasing your child's understanding of his/her asthma. The campers will be guided to manage their asthma so that they can fully enjoy all camp activities. This experience is designed to give the campers a better understanding of asthma that will benefit them even after camp is over. 4) The Injury Prevention Program provides training and education to groups and individuals. We train health professionals, parents, students, emergency services, law enforcement, and any other group or individual who requests education. Training can be as short as one hour or as long as four days. We have a team of certified instructors to teach the National Highway Traffic Safety Administration (NHTSA) Standardized Technical Training to certify individuals in the area of child passenger safety. 5) I Promise? program, a national safe driving initiative developed for families with new, young drivers. The program is aimed at reducing the risk of being involved in an accident while creating life-long positive driving habits as the first year tends to be the most dangerous for new drivers. Participation by parents indicates their willingness to be a role model of good driving behavior, and participation by new young drivers indicates their willingness to accept the responsibilities of being a safe motor vehicle driver. Together, parents and their children discuss, negotiate, and complete a mutual safe-driving contract. 6) Weigh of Life Kids! Is a nutrition and fitness program designed to help kids and their families learn about healthy eating and encourage an active lifestyle. The program provides fun and interactive classes which focus on healthy eating habits, including cooking/menu ideas, and fun fitness activities designed to increase everyday activity and exercise. This three week program targets parents with children ages 4-8. 7) Weigh To Go! Is a food and fitness program designed to help overweight kids and their families learn about healthy eating and encourage an active lifestyle. The program provides fun and interactive classes which focus on healthy eating habits, including cooking classes, and fun fitness activities designed to increase everyday activity and exercise. This six week program targets children ages 9-14

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.

