

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): 4536253	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: North Austin Medical Center **County:** TRAVIS

Mailing Address: 12221 Mopac Expressway, Austin, TX 78758-2496

Physical Address if different from above: _____

Effective Date of the current policy: 01/01/2007

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: HCA-San Antonio Patient Account Services

Mailing Address: 6000 NW Parkway #124, San Antonio, TX 78249

Contact Person: Ted Moody Title: CFO

ted.moody@hcahealthcare.co

Phone: (210) 581-4452 Fax: _____ E-Mail m

Person completing this form if different from above:

Name: Dan Huffine Phone: (512) 482-4166

* 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.

See policy

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

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

Services provided to medically or financially indigent patients either free of charge or at a reduced charge.

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 200

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**.

Persons whose medical or hospital bills, after payment by 3rd party payers, exceed their financial ability to pay the remaining bill as determined in advance with St. David's eligibility systems.

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

YES NO If yes, please briefly summarize method.

Base income, resources, assets, household size

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 children over 18 years employed

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 third party vendor, rca, ssc letter

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.

HCA-San Antonio Patient Services
6000 NW Pkwy #124, San Antonio, TX 78249

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?
varies
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).
- Elective procedures-not medically necessary
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).

St. David's North Austin Medical Center focuses on community needs through its involvement in the following: Pflugerville Chamber of Commerce, Pflugerville Independent School District, Dallas Texas-Austin Division Soccer Club, Indoor Soccer Club, Susan G. Komen, Breast Cancer Resource Center, Ronald McDonald House Charities, March of Dimes, American Heart Association, United Way, Blood Center of Central Texas, Angel Tree-Holiday Giving Program, Hospira Health Fair, Pflugerville Pfamily Pfestival, and Texas School Board Health Fair.

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.