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**
2019

Facility Identification (FID):   296138   (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Children's Hospital of San Antonio   **County:**   BEXAR

Mailing Address: "333 N Santa Rosa St., San Antonio, TX 78207-3198"

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?   annually

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

Name of the office/department: patient financial services

Mailing Address: same

Primary Contact: rose betancourt   Primary Title: financial analyst

Primary Phone: (210) 321-8016   Primary Fax: (210) 704-2667

Person completing this form if different from above:

Name: ryan riddle   Title: director

Phone: (210) 704-8747   Fax: (210) 704-2011

Second Person completing this form if different from above:

Name: Rose Betancourt   Title: (210) 321-8016

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.texas.gov/chs/hosp under 2019 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.

I. Charity Care Policy:

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

"In keeping with the mission, vision and values of Christus Health. Santa Rosa will provide Charity care services in a manner that respects the dignity of patients. Charity should be offered within the resources available and shall, at minimum meet any legal requirements for serving financially and medically indigent patients. "

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

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

"Charity Care as defined by State of Tx as the unreimbursed(or unpaid) cost of providing, funding, or otherwise financially supporting healthcare services on an inpatient or outpatient basis to a person classified financially or medically indigent by healthcare provider. "

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

Patient whose medical bill after payment exceeds 25% of person's annual gross family income and who is financially unable to pay the remaining balance. The payment would cause undue financial hardship to the family.

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

☑ YES NO   If yes, please briefly summarize method. All patients are evaluated at pre-registration or while in-house. Generally patients with no insurance and no other means of coverage are considered as potential charity candidates.

     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 _____

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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.

"collection agencies, eligibility vendors",

     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 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   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? 7-May

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 mo

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).

"CHRISTUS Santa Rosa Health System serves Bexar and Comal counties as well as several counties located south of San Antonio, the area has a population of more than 2.8 million. In collaboration with The Health Collaborative, developed the 2019 CHNA which identified priority areas outlined in the 2020 CHIP. The priority areas are: Healthy Eating and Active Living; Healthy Children and Family Development; and Behavioral Health and Mental Well-Being. The following address these areas: Community Health Worker Program ¿ Coordinated care management and navigation programs for the uninsured and underinsured. Children¿s Mobile Unit ¿ Provide well child, sick child, and immunizations in school districts. Culinary Health Education for Families Program (CHEF) ¿ Teaches children and families common sense nutrition and practical cooking skills. Mobile Mammography Unit ¿ Provides free mammograms to women without insurance or the ability to pay. Enroll SA Coalition ¿ Coalition focused on maximizing enrollment in the Health Insurance Marketplace created by the ACA. Women, Infant, and Children (WIC) Program ¿ Supplemental nutrition, breastfeeding education and support program. Center for Miracles ¿ Assess children who are suspected victims of abuse or neglect. Ronald McDonald House ¿ In-kind Space dedicated to Ronald McDonald house residential. Physician Recruitment ¿ Fills need in Medically Underserved Area (MUA) and Health Professions Shortage Area. CMS Innovation Center Accountable Health Communities (AHC) Grant ¿ Screening for social determinants of health for Medicare or Medicaid beneficiaries. The Southwest Texas Regional Advisory Council (STRAC) launched the Southwest Texas Crisis Collaborative (STCC) ¿ Aimed at transforming health care delivery, improving care, and reducing the cost of care for the Homeless, Mental Illness and Super Utilizers.   "

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 nineteenth 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:

DSHS/CHS/ASCBS-Part II//2-2020/Form# F25-11047   http://www.dshs.texas.gov/chs/hosp/