

**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-**

<b>Facility Identification (FID):</b> 4916068	(Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** Round Rock Medical Center **County:** WILLIAMS ON

**Mailing Address:** 2400 Round Rock Avenue, Round Rock, TX 78681

**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 or as needed

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

Name of the office/department: HCA-Shared Service Center

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

Contact Person: Ted Moody Title: CFO

ted.moody@hcahealthcare.co

Phone: (210) 581-4452 Fax: (210) 581-4905 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](http://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/](http://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.

Charity care is defined as services provided to medically or financially indigent patients either free of charges or at a reduced charge.

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

- 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 is a person whose medical or hospital bills, after payment by 3rd party payors, exceed a person's financial ability to pay the remaining bill as determined in accordance 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.

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 All income reported on W-2 or tax return

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 by 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

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).  
cosmetic and elective procedures
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 Round Rock Medical Center has enjoyed long-standing collaborative partnerships between YMCA of Greater Williamson County and Lone Star Circle of Care. YMCA of Greater Williamson County and St. David's Round Rock Medical Center have launched a series of programs to maximize health benefits; Fit 4 Life, Fit 4 Kids, Fit 4 Men, and Heart 4 Life. In addition, Round Rock Medical Center is opening an outpatient facility located at the Round Rock Chasco YMCA where these classes as well as our diabetic education and numerous healthy living/healthy cooking classes are held. Lone Star Circle of Care and St. David's Round Rock Medical Center developed several strategic initiatives to ensure quality care for all community residents including Dental Clinic Services and OB programs. St. David's Round Rock Medical Center also partners with Brushy Creek Community Center to provide our Fit 4 life classes as well as numerous education seminars and events to the community. St. David's RRMC has a partnership with the City of Round Rock to provide educational luncheons as well as regularly scheduled Fit 4 Life weight management classes that are open to any City employee. The St. David's RRMC partnership with Health Yes! provides multiple cardiovascular and bone density screenings throughout Williamson County.

**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.