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): 4530170 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: University Medical Center at Brackenridge **County:** TRAVIS

Mailing Address: 1345 Philomena Dr Suite 402, Austin TX 78723

Physical Address if different from above: 601 East 15th Street, Austin, 78701

Effective Date of the current policy: 07/27/2004

Date of Scheduled Revision of this policy: 06/30/2010

How often do you revise your charity care policy? Revised at least every 3 years, revised as needed.

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

Name of the office/department: Patient Financial Services and Patient Access

Mailing Address: 1345 Philomena Suite 266 Austin TX

Contact Person: Norma Miller and Victoria Garcia Title: Directors: Patient Financial Serv and Patient Access

Phone: (512) 324-5994 Fax: _____ E-Mail nmiller@seton.org

Person completing this form if different from above:

Name: Glenda Owen Phone: (512) 324-5925

* 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.

Consistent with the mission of Seton and as an Ascension Health sponsored health care organization, it is Seton?s policy to provide medically necessary services within a defined benefit structure to eligible patients who are financially or medically indigent; however, the amount of charitable services provided will be subject to Seton?s financial ability to absorb the cost of such services, while ensuring financial viability. Every effort will be made to educate professional and medical staff and the public, as to the criteria and processes followed in the application of this policy. Seton will seek assistance in funding charitable services from available sources.

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

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

The policy does not define the term "charity care" per se; the implied definition is medically necessary services provided to eligible patients who are financially or medically indigent and who have no/discounted obligation to pay for services rendered.

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 <375%

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? means a person whose medical or hospital bill after payment by third-party payers exceeds a specified percentage of the patient?s annual gross income, in accordance with the network?s eligibility system, and the person is financially unable to pay the remaining bill.

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 Page 3, I.2.f.5. Number of family members calculated as follows: Adults?include the patient, the patient?s spouse, and any dependents. Minors?include the patient, the patient?s mother, dependents of the patient?s mother, the patient?s father, and

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 Written correspondence

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.

Patient Financial Services
1345 Philomena St, Suite 266, Austin, tX 78723

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 During collection process

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?
Within 2 weeks.

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).

Seton reserves the right to: ? Specify and/or limit services that are subject to charity care through a defined benefit structure ? Provide medical case management to ensure that services requested under the provisions of this policy are 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).

We tried to cut and paste the summary of community benefit activities but the text would not "stay" here after we pressed "save and validate." Thus we have submitted our report on community benefit activities as a separate .pdf and emailed to DSHS to JaNell Jenkins JaNell.Jenkins@dshs.state.tx.us on May 14, 2010.

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.

Page 3, I.2.f.5. Number of family members calculated as follows: Adults?include the patient, the patient?s spouse, and any dependents. Minors?include the patient, the patient?s mother, dependents of the patient?s mother, the patient?s father, and dependents of the patient?s father.