

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**
2015

Facility Identification (FID): 912625 (Enter 7-digit FID# from attached hospital listing)***	
Name of Hospital: CHRISTUS Santa Rosa Health System New Braunfels	County: Comal
Mailing Address: 600 North Union Avenue, New Braunfels, Texas 78130	
Physical Address if different from above: same	
Effective Date of the current policy: 12/16/2009	
Date of Scheduled Revision of this policy: _____	
How often do you revise your charity care policy? _____	

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: 333 N. Santa Rosa, San Antonio, Texas 78207

Contact Person: Ryan Riddle Title: Director, Patient Financial Services
ryan.riddle@christushealth.org

Phone: (210) 704-8747 Fax: (210) 704-2011 E-Mail g

Person completing this form if different from above:

Name: Andrea Guajardo Phone: (210) 704-4859

* 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.state.tx.us/chs/hosp under 2015 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.

In keeping with the mission, vision, and values of CHRISTUS Health, CHRISTUS Santa Rosa Health System shall provide Charity Care services in a manner that respects the dignity of the patients and their families. Charity Care should be offered within the resources available and shall, at a minimum, meet any legal requirements for serving financially and/or 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 the State of Texas) is the unreimbursed (or unpaid) costs of providing, funding, or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified by the healthcare provider as Financially or Medically Indigent

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

4

- 1. 100%
- 2. <133%
- 3. <150%
- 4. <200%
- 5. Other, specify _____

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**.

shall mean a patient whose medical or hospital bills after payment exceed twenty-five percent (25%) of the person's annual gross family income and who is financially unable to pay the remaining balance. The patient who incurs significant, catastrophic medical expenses is classified as medically indigent when payment would require liquidation of assets critical to living or would cause undue financial hardship to the family support system.s

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 _____

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 _____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.

collection agencies and 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? 5-7

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 months

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).

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).

¿ Collaboration with the Bexar County Health Collaborative to improve health status through collaborative means. Participation in the development of the Community Health Improvement Plan to address priorities identified in the Community Needs Assessment of 2013. o CHRISTUS Santa Rosa is currently participating in the planning and implementation of the 2016 Community Needs Assessment being conducted by the Bexar County Health Collaborative. ¿ Coordinated care management and navigation programs for the uninsured to increase access to health care services for those with chronic conditions and those without access to regular primary health care services ¿ Operation of The Children¿s Mobile Clinic to provide well child, sick child, and immunizations primarily in the Harlandale, Edgewood, and South San Antonio Independent School Districts. The Mobile Unit also attends targeted and strategic community-based wellness events to address lack of access among vulnerable populations. ¿ The CHRISTUS Santa Rosa Women, Infant, and Children (WIC) program is a nutrition and breastfeeding education and support program that provides supplemental nutritious food products to participants through use of an Electronic Balance Transfer Card. Services are available for pregnant and breastfeeding women, infants up to one year old, and children five years of age and younger. ¿ Leadership and coordination of the Enroll SA, Get Bexar Covered community coalition created in early FY14 to maximize enrollment in the Health Insurance Marketplace created by the Affordable Care Act of 2010. The coalition is a partnership of more than 40 community-based organizations and has been recognized as best practice for community collaboration and enrollment processes. ¿ Donation of over 8000 square feet of building space to support a Ronald McDonald House on the campus of CHRISTUS Santa Rosa Children¿s Hospital ¿ Board and committee participation to represent the mission of CHRISTUS Santa Rosa as it relates to health, obesity, workforce development, economic development, child abuse, health evaluation, and health literacy.

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 fourteenth 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.state.tx.us.

Name of Hospital: _____ City: _____

Contact Name: _____ Phone: _____

Suggestions/questions: