

**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\*\***  
**2018**

**Facility Identification (FID):** 296556 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Christus Santa Rosa Hospital - Alamo Heights **County:** Bexar

**Mailing Address:** 333 North Santa Rosa St.

**Physical Address if different from above:** 403 Treeline Park Bldg 1

**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?** 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

Contact Person: Ryan Riddle Title: Director

Phone: (210) 704-8747 Fax: (210) 704-2011 E-Mail ryan.riddle@christushealth.org

Person completing this form if different from above:

Name: Rose Betancourt Phone: (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](http://www.dshs.texas.gov/chs/hosp) under 2018 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.texas.gov/chs/hosp/](http://www.dshs.texas.gov/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. 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%
- 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**.

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 \_\_\_\_\_

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.

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 \_\_\_\_\_
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?
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.  
 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 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 Health Needs Assessment of 2017. CHRISTUS Santa Rosa is currently participating in the planning and implementation of the 2019 Community Health Needs Assessment being conducted by The 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 ISD, Edgewood ISD and South San Antonio ISD. The Children’s Mobile Clinic 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 best practice for community collaboration and enrollment processes. Board and committee participation to represent the mission of CHRISTUS Santa Rosa as it relates to health, obesity, workforce development.

**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 eighteenth 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](mailto:dwayne.collins@dshs.texas.gov).

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggestions/questions:**