<table>
<tr><td>

**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**

</td></tr>
</table>

**Facility Identification (FID):**      3550737              (Enter 7-digit FID# from attached hospital listing)***

**Name of Hospital:**    Driscoll Children's Hospital                              **County:**    NUECES

**Mailing Address:**      "PO Box 6530, Corpus Christi, TX 78411"

**Physical Address if different from above:**        "3533 S. Alameda, Corpus Christi, TX 78411"

**Effective Date of the current policy:**      1/1/2018

**Date of Scheduled Revision of this policy:**      1/1/2021

**How often do you revise your charity care policy?**      3 years

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

Name of the office/department:      Patient Financial Service

Mailing Address:      "PO Box 6530, Corpus Christi, TX 78411"

Primary Contact:    Michelle Ramirez       Primary Title:    Revenue Cycle Support Services

Primary Phone:    (361) 694-6430       Primary Fax:    (361) 808-2000

Person completing this form if different from above:

Name:    Teddie Ibanez       Title:    Patient Access Director

Phone:    (361) 694-6845    Fax:

Second Person completing this form if different from above:

Name:       Title:

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.

***The list is also available on DSHS web site: www.dshs.texas.gov/chs/hosp/..

**I. Charity Care Policy:**

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

DCH strives to ensure that the financial capacity of families whose children need healthcare services does not prevent them from seeking or receiving care.

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

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

    b. What percentage of the federal poverty guidelines is financial eligibility based upon?  Check one.
     5

    1. 100%                                         4. <200%

                                                                    "0% to 300% of FPL -
                                                                    cover at 100%,
                                                                    301% to 400% of
                                                                    FPL - cover at 75%,
                                                                    over 400% of FPL -
                                          ☑                         covers on a sliding
                                                                    scale from 45% to
                                                                    100% based on
    2. <133%                                        5.  Other, specify    income to debt ratio"

    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**.

See Policy.

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

 ☑ YES  NO   If yes, please briefly summarize method. We Utilize Experian Healthcare - Charity Advisor

    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

"Letter, application available for download from DCH internet/may send inquiries as well; ""3. Other, please specify:  Letter, application available for download from DCH internet/may send inquiries as well "" May also send an email from the web site wi"

☑ 3. Other, please specify

3

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.

UC on Satatoga/ https://www.driscollchildrens.org/, "5945 Saratoga Blvd, Corpus Christi, TX 78414"


d. Is the application form available in language(s) other than English?

☑ YES    NO

If yes, please check

Spanish ☑ ☑ Other, please specify          "German, Korean, Vietnamese"


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 |

4

19. Signed affidavit or attestation by patient

☑ 20. Veterans benefit statement

☑ 21. Other, please specify    Experian Charity Advisor

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    After Billing/ or Denial from Medicaid

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? Once application is received with required documents -3-14 days

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    3 months

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      <u>Confidential Email</u>

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). "Some plastic surgery, personal preference surgeries"

12. Does your hospital pay for charity care services provided at hospitals owned by others?

YES ☑ NO

6

**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).

"Driscoll Children's Hospital performs community benefits projects/activities in 19 counties in South Texas: Community Benefit Programs Medicaid Meals McDonalds Guest Accommodations Alcohol & Drug Awareness Oncology - Orgs (ACS, LLS) Diabetes - Orgs (ADA, JDRF) Amer Heart Assn Autism 6226 - Program Administration Child Abuse Awareness Pastoral Education Programs Coastal Bend Reg Advisory Council Camp Easy Breathers  (Asthma) Oncology - Camps, Support Grps Camp Rock'n (Nephrology) Camp Hearty  (Cardiology) Bereavement - Camps, Support Grps Diabetes - Outreach Evening With An Expert Emer Med / Trauma Programs Influenza Hand Hygiene Head To Toe  Health Fairs  Healthcare Careers Development It's A Girl Thing Bicycle Safety Child Passenger Safety Home Safety Diabetes - Lions Club Camp March Of Dimes Memorial Service NICU -  Reunion, Support Grps Obesity Prevention On-Hold Health Tips On-Line Health Tips Physician Announcements Public Service Announcements Transplant - Symposium Rise School Ronald McDonald House Recreational Activities Rehab Clinic Programs Speech Pathology Programs Tx Pediatric Society Foundation Transplant - Awareness Transplant - Reunion Volunteer Summer Program Child Nutrition Child Obesity Prevention Other Communtiy Benefits Pediatric Residency Graduate Medical Education Subsidy Pediatrician Group Susidies Subsidize Uncompensated Care and Medicaid Shortfall "

**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.

**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**

**NOTE:** This is the eighteen 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:**