

\ 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**
2022

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: 12/01/2022

Date of Scheduled Revision of this policy: 01/01/2025

How often do you revise your charity care policy? Pov Guide Annually, 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 Services

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

Contact Person: Teddie Ybanez Title: Director

Phone: (361) 694-6845 Fax: (361) 808-2090

Person completing this form if different from above:

Name: _____ Phone: _____

* 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 2022 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: <http://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.

8. Financial assistance and Charity Care Guidelines: a. An account will be considered for a possible financial assistance and charity care whenever the family size and income is below 900% of the federal poverty standard as published in the federal register. b. The amount of financial assistance and charity care is determined based upon the patient’s placement on the table (classification). If the patient receives less than 100% write-off, their ability to pay is capped according to the catastrophic cap. c. Persons qualified for Medicaid by the Texas Department of Health and Human Services will be eligible for financial assistance and charity care for those amounts due from the patient, that are unpaid by the Medicaid program due to exhausted benefits, non-covered, spend down due to Medicaid as secondary payer, etc. d. Persons who are unable to complete the documentation requirements for financial assistance and charity care due to extenuating circumstances (i.e. death, disability, or unable to locate such as homeless persons, prisoners) may be presumed eligible for financial assistance and charity care on a case by case basis by the administration of DCH and CPSST. e. Persons who have been eligible for Medicaid for anytime during the three (3) month period before, during, or after their care may be considered eligible for 100% financial assistance and charity care for any amount not paid by Medicaid. f. All financial assistance and charity care must be consistent with the terms of Clara Driscoll’s will.

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

5

1. 100%

4. <200%

0% to 500% of FPL - cover at 100% 501% to 600% of FPL - cover at 75% - Medically Indigent 601-700 701-800 801-900

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: A person whose medical or hospital bill after payment by third-party payers, if any, exceed a specified percentage of the patient’s gross annual household income, in accordance with the hospital’s eligibility determination 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. 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 Other-Experian Charity Advisor

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 Letter, application available for download from DCH internet/may send inquiries as well

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.

Driscoll Children's Hospital Website, <https://www.driscollchildrens.org/patients-family/services-support/patient-and-family-services/financial-assistance>

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

YES NO

If yes, please check

Spanish 1 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. Paycheck 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 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
Sliding scale from 45% up to 100% if medically indigent/catastrophic case but over hospital FPL guide
- d. Other, please specify over hospital FPL guide

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? one day/immediately once data received

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 Confidential Email

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).

Driscoll Children's Hospital performs community benefits projects/activities in 19 counties in South Texas: Community Benefit Programs Medicaid Meals McDonald's 13234047
Guest Accommodations Alcohol & Drug Aware

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 twenty-second 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: