**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):** 4391739 (Enter 7-digit FID# from attached hospital listing)***

**Name of Hospital:** Baylor Regional Medical Center at Grapevine **County:** TARRANT

**Mailing Address:** 2001 Bryan Street, Suite 2200, Dallas, TX 75201

**Physical Address if different from above:** 1650 W. College, Grapevine, TX 76051

**Effective Date of the current policy:** 10/21/2009

**Date of Scheduled Revision of this policy:** 07/01/2010

**How often do you revise your charity care policy?** Yearly at a minimum

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

Name of the office/department: Access Services

Mailing Address: 1650 W. College, Grapevine, TX 76051

Contact Person: Terri Foster Title: Vice President

Phone: (817) 329-2555 Fax: (817) 329-2667 E-Mail Terri.Foster-krenik@baylorhealth.edu

Person completing this form if different from above:

Name: Lori Norton Phone: (214) 820-8556

* 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.

Hospital shall be managed and operated in a manner that provides access to patient care services based on medical necessity, without regard to the patient?s ability to pay, and to individuals covered by Medicare and Medicaid.

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

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

Financial assistance provided to individuals who are financially indigent or medically indigent and satisfy certain requirements.

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 _____

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 patient whose medical or hospital bills, after payment by third party payers, exceed a specified percentage of the patient?s income and who is 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.

However, in determining a patient?s ability to pay, the hospital may consider other resources available to the patient including such things as savings accounts, stocks, bonds, etc.

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 See Additional Information Section

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 Any other sources available. See Additional Information Section

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 Request

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.

Baylor Health Care System Centralized Business Services
2001 Bryan Street, Suite 2600, Dallas, TX 75201

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 Prior to Admission

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?
Varies

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 Re-affirmation is required after 6 months. If no changes have occurred, eligibility lasts a total of one year.

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).

Hospital reserves the right to designate certain services which are not subject to this Charity Care Policy

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).

Baylor Grapevine is committed to promoting the health and well being of individuals and families beyond the health activities of the traditional hospital or clinic setting through its community outreach programs. These programs are targeted to positively altering the health of the community through outreach and education on such topics as adult nutrition, childhood obesity, and support groups for individuals suffering with diseases such as diabetes, cardiovascular and pulmonary diseases, and cancer. Baylor Grapevine also provided supervisory education programs for the training of future nurses in an effort to increase the supply of health care professionals nation-wide. Assisting with the preparation of future nurses at entry and advanced levels of nursing is critical in establishing a workforce of qualified nurses. During the year, Baylor Grapevine invested 414 hours in the training of 20 undergraduate nurses.

## 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.

2f. If the patient is an adult, the term Yearly Income for purposes of classification as either Financially Indigent or Medically Indigent means the sum of the total yearly gross income of the patient and the patient?s spouse. If the patient is a minor, the term Yearly Income means the sum of the total yearly gross income of the patient, the patient?s mother and the patient?s father. 2g. Support from an absent family member or someone not living in the household is only included if the patient is a dependent of the absent family member or someone not living in the household.