

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**

Facility Identification (FID): 3093650 (Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Hillcrest Baptist Medical Center **County:** McLennan

Mailing Address: 100 Hillcrest Medical Blvd

Physical Address if different from above: _____

Effective Date of the current policy: 09/20/2011

Date of Scheduled Revision of this policy: 01/26/2013

How often do you revise your charity care policy? Yearly

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

Name of the office/department: Patient Accounting

Mailing Address: 3000 Herring Ave

Contact Person: Art Daley Title: Director Integrated Services

Phone: (254) 202-9295 Fax: (254) 202-9299 E-Mail adaley@hillcrest.net

Person completing this form if different from above:

Name: Kathey Escobedo Phone: (254) 202-9290

* 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 2012 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 support of the mission statement, Scott & White HealthCare (hereafter referred to as S&W Healthcare) and Hillcrest Baptist Medical Center (hereafter referred to as HBMC) will provide a basic level of health care to patients irrespective of financial means in a manner that is fair to the patient and HBMC and S&W HealthCare.

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

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

The unreimbursed cost to Hillcrest for providing, funding or otherwise financially supporting health care services to a person classified by Hillcrest as "Financially Indigent" or "Medically Indigent".

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

Check one.

1. <100%



4. <200%

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¿ is defined as individuals (or their guarantor) whose ability to pay has been negatively impacted due to the occurrence of an emergent or catastrophic medical event; for which full payment for these medical expenses would result in their inability to meet basic living needs. No patient who incurs charges due to an emergent or catastrophic event will be responsible for paying greater than 25% of their gross annual household income in any calendar year.

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

YES NO If yes, please briefly summarize method.

Self disclosure

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 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 _____

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? 60-90 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 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).

Elective services, and other services which may be from time to time so designated, are not subject to Hospital's 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).

The Hillcrest Baptist Medical Center Community Benefit Program preserves and improves the overall health and well-being of communities, through financial and in-kind contributions, charity care services, education, and other health-related programs. Hillcrest utilizes multiple sources in order to identify, define, develop and provide services to our community based on the demographic, economic status and health of those living within Hillcrest's service area. Once every three years Hillcrest in cooperation with our community partners, McLennan County's Health District, Family Health Center, Providence Health Network and the Heart of Texas Regional Advisory Council conducts a Community Needs Assessment. In analyzing the survey results, Hillcrest and our partner organizations are able to identify and implement community and population-based health initiatives. Hillcrest is further able to address the health status of at-risk individuals and those community members who are medically underserved as a result of economic conditions, limited access or unattended chronic health problems. The continuing mission and values of Hillcrest compel us to dedicate resources to community benefit programs. By leveraging resources, we intend to meet identified and emerging local health needs collaboratively with the many other healthcare providers within McLennan County. By expanding access to health information and services, we are able to engage individuals in their own health management. We strive to help community members make better choices that enhance their well-being. Hillcrest is committed to its role as a healthcare leader and has embraced the challenge of improving the overall health and well-being of our community. During the period between assessments, HBMC monitors the plan's effectiveness and seeks input from members of the community, physicians, public health leaders and our patients. Recommendations to continue, modify or alter the plan are generated from this input and as well as other contributing factors such as a changing population with respect to health risk factors; incidence of health issues; provider access; and service availability.

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 twelfth 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: