

**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\*\***  
**2015**

**Facility Identification (FID):** 2012005 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Baylor St. Luke's Medical Center **County:** Harris

**Mailing Address:** PO Box 20269, Houston, Tx 77225-0269

**Physical Address if different from above:** 6720 Bertner, Houston, Tx 77030

**Effective Date of the current policy:** 02/01/2012

**Date of Scheduled Revision of this policy:** 07/01/2016

**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 Services

Mailing Address: 3100 Main Street, Suite 542

Contact Person: Lisa Haynes Title: Director, PFS

Phone: (832) 355-3917 Fax: \_\_\_\_\_ E-Mail lhaynes@stlukeshealth.org

Person completing this form if different from above:

Name: Ken Zieren Phone: (832) 355-3862

\* 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](http://www.dshs.state.tx.us/chs/hosp) under 2015 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/](http://www.dshs.state.tx.us/chs/hosp/).

<http://www.dshs.state.tx.us/chs/hosp/>

**I. Charity Care Policy:**

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

As part of its mission, St. Luke's Health system provides care to patients without financial means for hospital services. Charity care will be provided to all patients who present themselves for care at CHI St. Luke's Health Baylor College of Medicine Medical Center or related entities without regard of race, creed, color or national origin and who are classified as financially or medically indigent.

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: providing, funding or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified by St. Luke's as "financially indigent", "medically indigent" or providing funding or otherwise financially supporting health care services to indigent persons through other non-profit or public outpatient clinics, hospitals, or health care organizations.

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

4

- |          |                         |
|----------|-------------------------|
| 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: An uninsured or under-insured person whose catastrophic illness or injury results in a hospital balance (after payment by third-party payers) that exceeds a specific percentage of the annual gross income, and the person is financially unable to pay the balance.s

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

YES NO

If yes, please briefly summarize method.

f. Whose income and resources are considered for income and/or assets eligibility determination?

- |                                     |                                |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | 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 standard mail

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 credit report and we may request one of the above.

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? 30

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 if approved, charity will be in effect for 90 days of service within this time period for the same diagnosis.

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).

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).

Name- Education/ Diabetes Brief description- The diabetes education program provides clinical and community education on diabetes at quarterly symposiums, community health fairs, and other community events. Target population- Clinical providers; broad community; those living in poverty; persons with disabilities; racial, cultural, and ethnic minorities; uninsured/underinsured Name- Education/ Liver Health Brief description- The mission is to educate, support and comfort people diagnosed with liver disease, as well as provide educational outreach and raise awareness about liver disease by offering free Hepatitis; 3 C & B testing, and educational presentations that link people to hepatitis related care. Target population- Baby boomers and anyone of high risk due to any of the modes of transmission (ie: Veterans, transfusions prior to 1992, IVDU, needlesticks); broad community; those living in poverty; racial, cultural, and ethnic minorities; uninsured/underinsured Name- Telehealth/Project ECHO Brief description- Project ECHO is a telehealth program that will enable specialists to coach primary care providers in treating patients who have been diagnosed with chronic disease. The goal is to enhance the quality of community health, and to utilize local resources to respond to community needs. Target population- Medically underserved communities; rural health providers Name- Transportation assistance Brief description- Transportation assistance in the form of bus tokens and/or taxi fares is provided to those in need of assistance Target population- Those living in poverty

### 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.

Name- Education/Speakers bureau Brief description- Physician led educational presentations and information are provided on prevention, screening, and risk reduction of various chronic diseases. Target population- Broad community; those living in poverty; clinical providers Name- Education/ Stroke Brief description- The stroke education program consists of interactive and educational lectures provided to senior citizens in the community regarding prevention, risk factors, signs and symptoms and treatment of stroke. Target population- Senior citizens; broad community; those living in poverty; persons with disabilities; racial, cultural, and ethnic minorities; uninsured/underinsured Name- Education/ Transplant education and grand rounds Brief description- The BSLMC Transplant service line provides

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monthly transplant education programs and clinical grand rounds programs on transplant and Ventricular Assist Devices as well as awareness of the importance of a collaborative approach to care and its impact on patient outcomes. Target population- Broad community; Transplant surgeons, physicians, fellows, transplant nurses, dietitians, pharmacists, social workers, administration and other healthcare professionals Name- Screening/Cancer Brief description- The BSLMC Oncology service line, in collaboration with community partners, hosts free, cancer-related education and screening programs designed to address the physical, emotional, financial and psychological needs of patients and their families. Target population- Broad community,; those living in poverty; racial, cultural, and ethnic minorities; uninsured/underinsured Name- Transitional Care Clinic (TCC) Brief description- The TCC bridges the acute inpatient care setting to a stable primary care-based medical home and provides coordination of care services for uninsured or underinsured patients with Congestive Heart Failure CHF. Target population- Uninsured/underinsured with Congestive Heart Failure

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**NOTE:** This is the fourteenth 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](mailto:dwayne.collins@dshs.state.tx.us).

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

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

**Suggestions/questions:**