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**
-2011-

Facility Identification (FID): 856364	(Enter 7-digit FID# from attached hospital listing)***

Name of Hospital: Baylor Regional Medical Center at Plano **County:** Collin

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

Physical Address if different from above: 4700 Alliance Blvd, Plano, TX 75095

Effective Date of the current policy: 4/4/2012

Date of Scheduled Revision of this policy: 2/1/2013

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: 4700 Alliance Blvd, Plano, TX 75095

Contact Person: Kahalani Cruz-Luna Title: Director

Phone: (469) 814-2300 Fax: (469) 814-2320 E-Mail kahalanc@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 2010 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% ☑ 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 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 or On-line

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
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 last 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 exclude certain services from being covered under 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 Plano participates in community health fairs and outreach programs targeted for the underserved. Major focus areas for these programs, determined through a comprehensive needs analysis include diabetes, heart disease, cancer and injury prevention, which are addressed by the hospital through educational seminars and screenings to help identify individuals at risk for developing these diseases. For example, "Living Well with Cancer" is a series of free informational sessions for all cancer patients and their families. Focusing on nutrition, exercise and other topics of interest to cancer patients, the supportive and educational atmosphere impacts their management of disease and provides hope for recovery. The unreimbursed cost of providing these programs was $320,607. Baylor Plano also provided supervisory education programs for the training of future nurses in an effort to increase the supply of health care professionals nationwide. Assisting with the preparation of future nurses at entry and advanced levels of nursing is critical to establishing a workforce of qualified nurses. During the year, Baylor Plano invested hours in the training of undergraduate nurses. The unreimbursed cost of providing these nursing education programs was $23,971.

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.