

**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):** 3612695 (Enter 7-digit FID# from attached hospital listing)\*\*\*

**Name of Hospital:** Baptist Orange Hospital **County:** Orange

**Mailing Address:** 608 Strickland Drive, Orange, Texas 77630

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 09/30/1999

**Date of Scheduled Revision of this policy:** 11/30/2013

**How often do you revise your charity care policy?** Annually to revise poverty guidelines

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

Name of the office/department: Business Office Operations

Mailing Address: P.O. Box 1591, Beaumont, Texas 77704

Contact Person: Matt Haynes/Debby Lyles Title: Director of Bus Office Operations

Phone: (409) 212-6149 Fax: (409) 212-6188 E-Mail matt.haynes@bhset.net

Person completing this form if different from above:

Name: Pamela Moses Phone: (409) 212-7073

\* 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 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/](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 a part of Baptist Hospitals of Southeast Texas (BHSET) mission to serve the health care needs of the community, BHSET will provide charity care to patients without the financial means to pay for hospital services.

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 care is defined as providing hospital services to patients who do not have alternative health care resources to pay for medically necessary care.

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**.

Patient with a catastrophic illness or injury in which their annual gross income exceeds 400% of the Federal Poverty Guidelines and the hospital bill is over 2 times the patients annual income.

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.

1. Single parent and children

2. Mother, Father and Children

3. All family members

4. All household members



5. Other, please explain

Guarantor, spouse or parents of a  
minor dependent child

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.

Baptist Hospitals of SE TX Website , [www.bhset.net](http://www.bhset.net)

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? 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 60 days

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 patients will generally not qualify, however exceptions may be made based on extenuating circumstances.

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).

Baptist Hospital's Community Benefits Projects/Activities are extensive and cannot be captured in 3 lines. A hardcopy of the activities, including a list of Community Wide Initiatives, Hospital/Employee Initiatives & Philanthropic Contributions are included in the documents Community Benefit Plan FY2012 and Community Benefit Report FY2012 and are being sent separately. Baptist Hospitals of Southeast Texas reaches out to the community by offering numerous classes, speakers and other informative activities. Hospital personnel are made available as speakers for civic groups, industrial partners, and media appearance and health fairs to address health topics of particular concern to the public. In 2011-2012, 13,036 individuals received information needed to make healthy lifestyle choices. (See Community Report.) Baptist Hospitals of Southeast Texas has designed support groups to encourage follow-up and continued education for patients during and after an illness. Baptist Hospitals of Southeast Texas have initiated or supported groups for patients, family members and the community at large: New Beginning Support Group, Cancer Support Group, Diabetes Education Classes, Better Start for Babies Program, and the Stroke Wise Support Group. For over 60 years, Baptist Hospitals of Southeast Texas has been built on a solid nine - county area that we serve. Meeting the community's needs was the underlying principle upon which this hospital was founded. Baptist Hospitals of Southeast Texas are making fundamental differences in the general health and well-being of the communities we serve. \*\*\*Additional documentation/hard copies (see below Additional Information section) are being mailed separately.

### **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.

The following documents and/or comments associated with our responses to the 2012 Survey are included. ; Baptist Hospitals of Southeast Texas Community Benefit Report-outlines the details of where, what and who was educated during our fiscal year 2012. ; Baptist Hospitals of Southeast Texas Community Benefit Plan FY 2012 - outlines the community needs assessment to determine where our financial resources should be allocated. The following documents are attached as requested: ; Policy: Hepatitis B Screening (HbsAg) ; Policy: Administration of Hepatitis B Vaccine and Hepatitis B Immune Globulin (HBIG) ; Policy: Result Reporting ; Physician Orders: Birth Center Labor Orders ; Physician Orders: Pre-Op Orders (C-Section) ; Physician Orders: Well Newborn Protocol ; Form: Newborn Record ; Form: Immunization Consent ; Form: Immunization Record ; Policy: Documentation Related to Patient Immunization ; Policy: Prevention of Nosocomial Pneumonia ; Policy: Pertussis Infection Prevention & Control ; Policy: Guidelines for Post-exposure Prophylaxis Following Employee Exposure to Infectious Agents ; Policies, Employee Health: o Influenza (Flu) Vaccine o Tetanus and Diphtheria Prophylaxis o Rubella Screening o Employee Health Program o Post Exposure Management ; Post Exposure Procedure ; Post Exposure Standing Orders Post exposure Treatment Protocols, Consents, Employee Fact Sheets/Education and Recommendations available upon request ; Policy: Charity Care with o Attachment A, Gross Monthly Income Charity Eligibility Table o Attachment B, Financial Information Form o Attachment C, Charity Calculation Worksheet

**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**

**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](mailto:dwayne.collins@dshs.state.tx.us).

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

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

**Suggestions/questions:**