

**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\*\***

<b>Facility Identification (FID):</b>	1131616	(Enter 7-digit FID# from attached hospital listing)***
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**Name of Hospital:** Baylor Medical Center at Garland **County:** Dallas

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

**Physical Address if different from above:** 2300 Marie Curie, Garland, TX 75042

**Effective Date of the current policy:** 02/01/2014

**Date of Scheduled Revision of this policy:** 02/01/2015

**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: 2300 Marie Curie, Garland, TX 75042

Contact Person: Erick Toliver Title: Director

Phone: (972) 487-5543 Fax: (972) 487-5005 E-Mail: Erick.Toliver@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 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 2013 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.

Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary health care, education, research, and community service. As part of its mission and commitment to the community, Baylor Health Care System affiliated entities provide financial assistance to patients and members of the community who qualify for assistance pursuant to the Financial Assistance Policy.

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% | <input checked="" type="checkbox"/> | 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 from all related or unrelated providers, after payment by third parties, exceed a specified percentage of their Yearly Household Income (ranging from 5%-10%), whose Yearly Household Income is greater than 200% but less than or equal to 500% of the Federal Poverty Guidelines and who is unable to pay the outstanding account balance.

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

See Additional Information  
Section

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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 online at [www.baylorhealth.com](http://www.baylorhealth.com)

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, 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 See additional information section

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

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

- d. Other, specify \_\_\_\_\_ 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).

Financial Service offered under the Financial Assistance Policy does not apply to initial transplant services and physician or other professional fees billed separately from the hospital fees. BHCS reserves the right to further limit the services covered by the 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).

Located in Dallas County, Baylor Medical Center at Garland (Organization) an affiliate of Baylor Health Care System (BHCS), serves the East Region of BHCS, and its total service area (TSA) Located in Dallas County, Baylor Garland serves the Eastern Region of the System and its total service area includes ZIP codes from Wylie, Rowlett, Sachse, Mesquite and Murphy. The Organization is a 232-bed acute care facility located at 2300 Marie Curie Drive, in Garland. Based on population alone, Texas is the second largest state in the nation with more than 25 million people. From 2000 to 2010, Texas experienced a 20 percent growth in population, as compared to only a 9.7 percent increase nationally. Originally, the North Texas RHP 9 Region was defined to include Collin, Dallas, Denton, Ellis, Fannin, Grayson, Kaufman, Navarro, and Rockwall counties. There is considerable in- migration from the surrounding counties to Dallas County for health care services. As part of its Christian ministry of healing, community service is a cornerstone of the Organization's mission. Patients may access libraries and community centers, offering free educational seminars, health fairs, and screenings. At the Organization itself, a new conference center and community resource center provide an ongoing forum for speakers and community education. In addition to the Organization's Financial Assistance Policy, as part of a large faith based integrated health care delivery system (System) the areas of medical education, research, subsidized services and community health education and screenings are initiatives that take place across the System, and also comprise a significant portion of the Organization's community benefit program. Medical education is a crucial part of the Organization's mission. Being one of the nation's largest private teaching Organizations, the System annually trains residents and fellows in eight specialties and 13 subspecialties. These quality teaching programs add many dimensions to the System's ability to serve patients. To help address the state's health care workforce shortage, the Texas A&M Health Science Center (TAMHSC) College of Medicine and the Organization have joined forces to establish a Clinical Training Program in Dallas for students to complete clinical rotations in surgery, internal medicine, family medicine, psychiatry, pediatrics, and obstetrics/gynecology at the Organization and other clinical affiliates over their last two years of residency. While residents and fellows of the Organization are not required to work for an affiliate of BHCS, most remain in North Texas upon completion of their program, providing a continuous supply of well-trained medical professionals for the region. In fiscal year ending in June 30, 2013, the Organization invested more than \$2 million in training 18 medical residents. The Organization is also committed to assisting with the preparation of future nurses at entry and advanced levels of the profession to establish a workforce of qualified nurses. Through the System's relationships with fifteen North Texas schools of nursing, the Organization maintains strong affiliations with schools of nursing. In the fiscal year ending June 30, 2013, the Organization invested in training 163 nurses. Total unreimbursed cost of these programs was \$322,039. Like physicians, nursing graduates trained at a System entity are not obligated to join the staff although many remain in the North Texas area to provide top quality nursing services to many health care institutions.

**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.

4b. Hospital may review credit reports and other publicly available information to determine, consistent with applicable legal requirements, estimated household size and income amounts for the basis of determining financial assistance eligibility when a patient does not provide a Financial Assistance Application or supporting documentation.

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

Name of Hospital: \_\_\_\_\_ City: \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Name: \_\_\_\_\_ : \_\_\_\_\_

**Suggestions/questions:**