

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): 3612695	(Enter 7-digit FID# from attached hospital listing)***
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Name of Hospital: Baptist Hospital Orange **County:** Orange

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

Physical Address if different from above: 608 Strickland Dr., Orange, Texas 77630

Effective Date of the current policy: 2/1/2009

Date of Scheduled Revision of this policy: 10/1/2010

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 Services Operations

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

Contact Person: Matt Haynes/Debby Lyles Title: Director,Business 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 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.

As part of Baptist Hospitals of Southeast Texas (BHSET) mission to serve the healthcare 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 healthcare 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**.

Medically Indigent shall refer to a patient with a catastrophic illness or injury, if the patient's annual gross household income exceeds 400% of the Federal Poverty Guidelines and the hospital bill is over two times the patient's 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 Hospital of Southeast Texas Website
www.bhset.net

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 _____

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 Philanthropic Contributions are being sent separately. During the 2011 fiscal year, Baptist Hospitals of Southeast Texas contributed to community agencies \$566,623.19 for sponsorships, donations of funds, supplies and the labor of our employees, which make it possible for a wider outreach. Collectively, greater strides can be accomplished toward community wellness. (See Listing of Philanthropic Contributions and Community Needs Assessment documents) **Additional Documents (see below) coming via hard copy.

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 are being sent via hard copies. Baptist Hospitals of Southeast Texas Community Benefit Report-outlines the details of where, what and who was educated during our fiscal year 2011. Baptist Hospitals of Southeast Texas Community Benefit Plan FY 2011 - outlines the community needs assessment to determine where our financial resources should be allocated. Policy: Charity Care with oAttachment A, Gross Monthly Income Charity Eligibility Table oAttachment B, Financial Information Form oAttachment C, Charity Calculation Worksheet