



Baylor Scott & White Medical Center – Grapevine
Annual Report of Community Benefits
1650 West College Street
Grapevine, TX 76051
Taxpayer ID # (75-1777119)
For the Fiscal Year Ended June 30, 2020

Table of Contents

Letter from the President

- I. Effective Dates of the Report
- II. Hospital Description
- III. Hospital Mission Statement
- IV. Description of the Community Served
- V. Identified Community Health Needs by Priority
 1. Depression in the Medicare Population
 2. Food Insecurity
 3. Health Care Costs
 4. Schizophrenia & Other Psychotic Disorders in the Medicare Population
 5. Corona Virus Pandemic (Ancillary to the CHNA 2019)
- VI. Programs Addressing Identified Community Health Needs
- VII. Charity Care and Government-Sponsored Indigent Health Care Provided
- VIII. Government-Sponsored Health Care Provided
- IX. Other Types of Community Benefits Provided
 - A. Community Health and Wellness Improvement Services
 - C. Financial Donations & In-kind Donations
 - D. Medical Education
 - E. Subsidized Health Services
- X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge
- XI. Report of Community Benefits Provided During Fiscal Year 2020



June 30, 2020

Dear Fellow Texan:

At Baylor Scott & White Medical Center – Grapevine, we recognize that prevention, early detection and health education are very important areas of healthcare and have the potential to make a great difference in the overall health of the communities we serve. Being able to share our knowledge, expertise, and range of services with the community is essential in our culture of service excellence.

Baylor Scott and White – Grapevine works to lead the transformation of health care. The 302-bed Magnet® Recognized facility offers advanced medical services for heart and vascular, women’s health, diagnostic imaging, trauma, orthopedics, spine, oncology, neurology, intensive and emergency care.

Baylor Scott & White – Grapevine continues making healthcare better in our community by being among only 407 hospitals nationwide that received a Five Star Quality rating by the Centers for Medicare & Medicaid Services. Named a Top 100 Hospital by IBM Watson, a Gold-level Healing Hospital by the Erie Chapman Foundation the hospital received a Grade “A” patient safety rating from the Leapfrog Group. The hospital is a Level II Trauma Center and has a Level III Neonatal Intensive Care Unit. Additionally, the facility is an accredited Cycle IV Chest Pain Center, Primary Stroke Center and accredited in weight loss surgery and oncology. Recognized by *U.S. News & World Report* in its 2020-2021 “Best Hospitals” the hospital rated as high performing in the common procedures and conditions category for COPD (chronic obstructive pulmonary disease).

As a preferred community partner, we continue to work collaboratively with school districts, businesses, community groups, and not-for-profit health organizations to support healthy lifestyles and improve quality of life in the region.

Enclosed is the report for Fiscal Year 2020. The report is a response to our implementation plan, developed according to community needs identified by the FY 2020-22 Community Health Needs Assessment in partnership with IBM Watson Health, Tarrant County, as well as specific focus areas identified by Baylor Scott & White Health.

I encourage you to provide any feedback you may have. Please address comments to me, in care of Niki Shah, Vice President, Care Redesign and Equitable Care, Baylor Scott & White Health, 8080 N. Central Expressway, Suite 700, Dallas, Texas 75206.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris York", written over a light blue horizontal line.

Christopher C. York
President



Baylor Scott & White Medical Center – Grapevine
Annual Report of Community Benefits
1650 West College Street
Grapevine, TX 76051
Taxpayer ID # (75-1777119)
For the Fiscal Year Ended June 30, 2020

I. Effective Dates of the Report

The annual report of community benefits provided is for the fiscal year ended June 30, 2020 (Fiscal Year 2020).

II. Hospital Description

Baylor Scott & White Medical Center – Grapevine (Hospital), an affiliate of Baylor Scott & White Health (BSWH), is a leading community and safety-net hospital in its service area. The 302-bed Hospital offers advanced medical services for cardiovascular services, women’s services, neurosciences, stroke, orthopedics, oncology, diagnostic imaging, a neonatal intensive care unit (NICU), and trauma, intensive and emergency care.

Founded by Drs. Ed and Minnie Lee Lancaster in 1953, The Hospital has a rich history of providing safe, quality, compassionate health care to every one of the communities we serve. A comprehensive team of specialists treats complex medical conditions demanding specialized care.

The Hospital uses its revenue after expenses to improve the health of Grapevine and surrounding communities through patient care, education, research, and community service. In the fiscal year ending June 30, 2020, the Hospital had 12,265 total adult, special care nursery admits resulting in a total of 57,647 days of care, delivered 2,119 babies, and there were 40,803 emergency department visits.

As part of the Hospital’s commitment to the community, the Hospital provides financial assistance in the form of charity care to patients who are indigent and satisfy certain requirements. Additionally, the Hospital is committed to treating patients who are eligible for means tested government programs such as Medicaid and other government sponsored programs including Medicare, provided regardless of the reimbursement shortfall, and thereby relieves the state and federal government of the burden of paying the full cost of care for these patients. Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The Hospital offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the Hospital’s Financial Assistance Policy, which can be located on the Hospital’s website at BaylorHealth.com/Financial Assistance.

In addition to the Hospital's Financial Assistance Policy, as part of a large faith based integrated health care delivery System the areas of medical education, research, subsidized services and community health education and screenings are initiatives that take place across the System, and comprise a significant portion of the Hospital's community benefit program.

The Hospital 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 seven North Texas schools of nursing, the Hospital maintains strong affiliations with schools of nursing. In the fiscal year ending June 30, 2020, the Hospital invested \$160,246.00 in training 155 nurses. In addition, the hospital invested \$40,599.00 in educating 178 allied health professions students from three area schools. Total unreimbursed cost of these programs was \$202,845.00. 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.

III. Hospital Mission Statement

Founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

IV. Description of Community Served

The System is committed to serving a vast array of neighborhoods comprising its service area and recognizes the importance of preserving a local community focus to meet community needs.

For the 2019 assessment, the hospital has defined their community to be the geographical area of Denton, Johnson and Tarrant counties. The community served was determined based on the counties that make up at least 75 percent of each hospital's inpatient and outpatient admissions.

V. Identified Community Health Needs

During the fiscal year ending June 30, 2016, the Hospital conducted a CHNA to assess the health care needs of the community. The CHNA took into account input from persons who represent the broad interest of the community served by the Hospital, including those with special knowledge of or expertise in public health. The CHNA is widely available to the public and is located on the website at the following address, BSWHealth.com/CommunityNeeds.

By addressing the prioritized needs via an implementation strategy, the Hospital aims to affect and elevate the overall health status of the community.

1. Depression in the Medicare Population
2. Food Insecurity
3. Health Care Costs
4. Schizophrenia & Other Psychotic Disorders in the Medicare Population

5. Corona Virus Pandemic (Ancillary to the CHNA 2019) Access to care for middle to lower socio-economic status

VI. Programs Addressing Identified Community Health Needs

Community benefit services include programs or activities providing treatment promote health and healing as response to identified community need and meet at least one of these objectives:

- Improve access to health care services
- Enhance public health
- Advance/increase general knowledge
- Relieve or reduce the burden of government to improve health.

VII. Charity Care and Government-Sponsored Indigent Health Care Provided

For Fiscal Year 2020, Baylor Scott & White Medical Center – Grapevine provided \$13,220,273 in unreimbursed costs of charity care and government-sponsored indigent health care.

VIII. Government-Sponsored Health Care Provided

For Fiscal Year 2020, Baylor Scott & White Medical Center – Grapevine provided \$21,270,933 unreimbursed costs of government-sponsored health care.

IX. Other Types of Community Benefits Provided \$1,511,927

Baylor Scott & White Medical Center – Grapevine is committed to improving the quality of life for the many citizens living and working in its area. Baylor Scott & White Medical Center – Grapevine was pleased to allocate funds to the following community benefit activities.

A. Community Health and Wellness Improvement Services \$903,239

These activities improve community health, extend beyond patient care activities and receive hospital subsidy. Such services do not generate patient care bills and may include community health education activities; community based clinical services for under-insured and uninsured persons; support groups; enrollment services; transportation efforts; and self-help programs; community-based chaplaincy programs and spiritual care.

C. Financial Donations & In-kind Donations \$76,714

These donations include funds and in-kind services donated to community organizations or to the community at large to address an identified need or serve a community benefit purpose. In-kind services could include hours contributed by staff while on hospital work time; the cost of meeting space provided to community groups and the donation of food, equipment, and supplies.

D. Medical Education \$202,845

This category includes educational program for physician, interns and residents, medical students, nurse and nursing students, and other health professionals when that education is necessary for a degree, certificate or training that is required by state law, accrediting body or health profession society. It may also include a clinical setting for student training and internships for dietary professionals, technicians, physical therapists, social workers, pharmacists and other health professionals.

E. Subsidized Health Services \$329,129

Subsidized health service e are clinical programs provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfall . Nevertheless, the service is provided because it meets an identified community need and if no longer offered would be unavailable in the area, or fall to the responsibility of government or another tax-exempt organization to provide.

X. Total Operating Expenses and Calculation of the Ratio of Cost to Charge
As required by Section 311.046 (a) (4), Baylor Scott & White Medical Center – Grapevine reports \$212,025,756 in total operating expenses. As required by Section 311.046(1) (5), the ratio of cost to charges was 23.33%. Please see the attached worksheet for the full calculation.

XI. Report of Community Benefit Provided During Fiscal Year 2020
In a commitment to fulfill its mission, Baylor Scott & White Medical Center – Grapevine benefit to the community, conservatively estimated, was \$36,003,133 for Fiscal Year 2020. Baylor Scott & White Medical Center – Grapevine is filing its Annual Statement of Community Benefits Standard (Statement) as a consolidated system with the other affiliated hospitals of BSWH that are qualified to file as a hospital system.

Through community benefit activities, BSWH-affiliated hospitals provided: quality patient care and subsidized services otherwise not available in the community; medical education, training for medical technicians, hospital chaplains, nurses, and future physicians; and medical research that will speed the time between scientific finding and its application to improving medical care.

Any comments or suggestions concerning the community benefit activities are greatly welcomed and may be addressed to Niki Shah, Vice President of Care Redesign and Equitable Health, Baylor Scott & White Health Care System, 8080 North Central Expwy., Suite 700, Dallas, Texas 75206.

Baylor Regional Medical Center at Grapevine

**Total Operating Expenses
Section 311.046(a)(4)**

For the Fiscal Year Ended June 30, 2019 212,025,756

**Calculation of the Ratio of Cost to Charge
Section 311.046(a)(5)**

Total Patient Revenues (a) 833,427,464
(from 2019 Medicare Cost Report, Worksheet G-3, Line 1)

Total Operating Expenses (b) 187,716,241
(from 2019 Medicare Cost Report, Worksheet A, Line 118, Col. 7)

Initial Ratio of Cost to Charge ((b) divided by (a)) (c) 22.52%

Application of Initial Ratio of Cost to Charge to Bad-Debt Expense

Bad Debt Expense (d) 29,699,592
(from 2020 audited financial statements)

Multiply "Bad Debt Expense" by "Initial Ratio of Cost to Charge" ((d)*(c)) (e) 6,688,348

Add the allowable "Bad-Debt Expense" to "Total Operating Expenses" ((b) + (e)) (f) 194,404,589

Calculation of Ratio of Cost to Charge ((f) divided by (a)) (g) 23.33%