

Annual Report of Community Benefits



Baylor Scott & White

HEALTH

Baylor Scott & White Medical Center – Irving

1901 North MacArthur Blvd., Irving, TX 75061

Taxpayer ID # 75-2586857

For the Fiscal Year Ended June 30, 2022

OUR Mission:

Baylor Scott & White Medical Center – Irving, an affiliated hospital of Baylor Scott & White Health (BSWH), is committed to fulfilling its mission: *“founded as a Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.”*

OUR Community:

For the 2022 Community Health Needs Assessment (CHNA), the hospital has defined their community to be the geographical area of Dallas and Tarrant counties. The community served was determined based on the counties that make up at least 80% of the hospital’s inpatient admissions over the 12-month period of FY20.

OUR Community Health Needs:

The complete 2022 Community Health Needs Assessment (CHNA) and Implementation Strategy can be found at BSWHealth.com/CommunityNeeds. This assessment is a compilation of public and hospital data and input gleaned from stakeholders representing the broad interests of the community. The following health concerns are identified in priority order based on the results of the CHNA.

Priority	Need	Category of need
1	Food insecurity/diabetes	Environment/ conditions/diseases
2	Insurance	Access to care
3	Access to primary healthcare providers	Access to care
4	Mental health/behavioral health services	Mental health
5	Cancer incidence - all causes	Conditions/diseases

OUR Community Benefit:

FY22 Total \$ 64,258,595

Charity Care \$ 32,034,433

Unreimbursed expenses associated with providing medical care for the indigent, uninsured, and underinsured through Medicaid and other government, state, or local health care programs.

Government Sponsored Programs \$ 30,171,229

Unreimbursed expenses associated with providing medical care to the beneficiaries of Medicare and other federal, state or local government health care programs.

Community Health Improvement \$ 366,106

The programs and services that extend beyond patient care activities and include services directed to both individuals and larger populations in the community. These services include such things as educational information about preventive health care and treatment for specific diseases, informational health lectures to help understand various conditions and diseases as well as available treatment options, opportunities that promote healthy activity and wellness initiatives, health fairs and screenings, and support groups.

Health Professions Education \$ 1,046,187

Baylor Scott & White Health provides opportunities to health professionals for furthering their education and training. This includes clinical education and supervision for clinical rotations for medical students, nursing students, and other health care professions. Opportunities include but are not limited to Baylor Scott & White Health employees.

Subsidized Health Services \$ 576,965

Clinical programs that are provided despite a financial loss because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide. (Examples include: outpatient/outreach palliative care services, ECI, and injury prevention/trauma)

Financial and In-Kind Donations \$ 54,445

Baylor Scott & White Health provides community benefit program grants and support to local non-profit organizations through dedicated community benefit funds as well as donations of staff time, medical supplies, or equipment.

Other Community Benefits \$ 9,230

Baylor Scott & White Health provides other services with the goal of improving the overall health of the community including ongoing assessment of community health needs and evaluation of community health programs and services.

Total Operating Expenses and Calculation of the Ratio of Cost to Charge

Baylor Scott & White Health
Baylor Scott & White Medical Center – Irving

Total Operating Expenses
Section 311.046(a)(4)

For the Fiscal Year Ended June 30, 2021 237,545,706

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

Total Patient Revenues (from 2021 Medicare Cost Report, Worksheet G-3, Line 1)	(a)	<u>795,961,363</u>
Total Operating Expenses (from 2021 Medicare Cost Report, Worksheet A, Line 118, Col. 7)	(b)	<u>199,711,141</u>
Initial Ratio of Cost to Charge ((b) divided by (a))	(c)	<u>25.09%</u>
Application of Initial Ratio of Cost to Charge to Bad-Debt Expense		
Bad Debt Expense (from 2022 audited financial statements)	(d)	<u>32,583,410</u>
Multiply "Bad Debt Expense" by "Initial Ratio of Cost to Charge" ((d)*(c))	(e)	<u>8,175,178</u>
Add the allowable "Bad-Debt Expense" to "Total Operating Expenses" ((b) + (e))	(f)	<u>207,886,319</u>
Calculation of Ratio of Cost to Charge ((f) divided by (a))	(g)	<u>26.12%</u>