ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2017 TEXAS NONPROFIT HOSPITALS

Part I

1856309 2017 ASCBS 6742590
CHI St Joseph Health Grimes Hospital
Navasota GRIMES

Please Check "one" your ownership: *

(x) Not-For-Profit

TYPE: NP DISPRO:
REQUIRED TO REPORT ASCBS: YES
ST. JOSEPH HEALTH SYSTEM

( ) For-Profit (received Medicaid Disproportionate Share Funds)
( ) Public
( ) For-Profit

Are you reporting as part of a hospital system? ? ( ) Yes (x) No

III HOSPITAL SYSTEMS - List all the hospitals included in this system report. Refer to the instructions on the back of this page in completing this section.

III	Community Benefits Contribution*	Net Patient Revenue (NPR)**	Miles From System Office	Name of Hospital	Physical Address, City, State, Zip
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
TOTAL:					

* The sum of these contributions should equal the entry in II.E (Section II follows Worksheet 5).

** The sum of net patient revenue should equal the entry in STDI1 (Standards Section follows Section II).

ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED - 2017

Total Billed Charges for Charity Care Provided (based on 2017 audited fiscal year): (exclude bad debt)

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W1A.	Financially Indigent	Medically Indigent	Total Charity Care Charges
Inpatient	_____	_____	15,801
Outpatient	_____	_____	3,921,060
Total	_____	_____	(a) 3,936,861

Cost to Charge Ratio Calculation (based on 2016 audited fiscal year):

W1B1. **2016** Gross Patient Service Revenue1, 2;..... (b) 41,471,657

W1B2. **2016** Total Patient Care Operating Expenses1,3.....(**Bad Debt should be treated as a Deduction**) ..... (c) 10,473,724

W1B3. **Cost to Charge Ratio (Divide (c) by (b)) (please report the ratio as a decimal 0.0000)**
*****THIS IS A PRE-CALCULATED FIELD.** (d) 0.2526

W1C. **Estimated Costs of Charity Care Provided ((a) x (d))** ..... (e) 994,451

Payments Received for Charity Care Provided: (based on 2016 audited fiscal year)

W1D1. Third-Party Payments..... 0

W1D2. Payments from Patients..... 0

W1D3. Other Payments (4) (Public hospitals report tax appropriations relative to charity care here) 0

W1D4. **Total Payments Received for Charity Care Provided**.....
*****THIS IS A PRE-CALCULATED FIELD.** (f) 0

W1E. **Estimated Unreimbursed Costs of Charity Care Provided ((e) - (f))5**..... * (g) 994,451

1 Use audited data for FY 2016 to complete the Cost to Charge Ratio Calculation section of this worksheet for FY 2017.

2 Gross Patient Service Revenue excludes Medicaid Disproportionate Share Hospital payments.

3 Total Patient Care Operating Expenses -**(Bad Debt should be treated as a deduction) excludes contractual adjustments.**

4 Do not include charitable contributions and grants received by the hospital.

5 Report zero (0) in (g) if total estimated costs of charity care provided (e) minus total payments (f) is a negative value.

CALCULATION OF THE RATIO OF COST TO CHARGE - 2017

C alculation of initial Ratio of Cost to Charge

W1AA1.	Total Patient Revenues (from **2016** Medicare Cost Report1, Worksheet G-3, Line 1)	(a) 41,466,831
W1AA2.	Total Operating Expenses (from **2016)** Medicare Cost Report1, Worksheet A, Line 118, Col. 7	(b) 15,627,234
W1AA3.	**Initial Ratio of Cost to Charge ((b) divided by (a))** *****THIS IS A PRE-CALCULATED FIELD.**	(c) 0.3769

Application of Initial Ratio of Cost to Charge to 2016 Bad-Debt Expense

W1AB1.	Bad-Debt Expense2 (from **2017** audited financial statement covering your reporting period)	(d) 4,453,459
W1AB2.	Multiply "Bad-Debt Expense" by "Initial Cost to Charge Ratio" to determine allowable Bad-Debt Expense ((d) x (c)) *****THIS IS A PRE-CALCULATED FIELD.**	(e) 1,678,509
W1AB3.	**Add the allowable "Bad-Debt Expense" to " Total Operating Expenses" ((b) + (e))** *****THIS IS A PRE-CALCULATED FIELD.**	(f) 17,305,742
W1AC.	**Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a decimal)**	(g) 0.4173

NOTE:This is Worksheet 1-A from the 1994 Annual Statement of Community Benefits Standard form.

1. Use the **PRIOR** year cost report regardless of status of review. For example, use Medicare Cost Report data for FY 2016 to complete the calculation of initial Ratio of Cost to Charge section of this worksheet.

2. Bad debt expense is defined as the provision for actual or expected uncollectibles resulting from the extension of credit.

Additional cost areas that are not reflected in the above calculations may be identified on the back of this form. Do not include these costs in worksheet computations.

Worksheet 1-A (continued)

Cost Area	Medicare Cost Report Reference*	**Amount**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY.
To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.

Support to Financially Indigent Patients Provided Through Others 2017

Funding to: W2A

W2A.	Other Nonprofit	Public	Total
Outpatient Clinic	0	0	0
Hospital	0	0	0
Other Health Care Organizations	0	0	0
Total Funding to Others	0	0	0

Financial Support to:

W2B.

W2B	Other Nonprofit	Public	Total
Outpatient Clinic	0	0	0
Hospital	0	0	0
Other Health Care Organizations	0	0	0
Total Other Financial Support	0	0	0

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W2C.	Other Nonprofit	Public	Total
Total Support Provided Through Others:	0	0	0

W2D. **Less: Payments allocated** (c) 0

W2E. **Total Unreimbursed Support Provided Through Others ((a.3. + b.3.) - (c))** (d) 0

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ESTIMATED UNREIMBURSED COSTS OF GOVERNMENT-SPONSORED INDIGENT HEALTH CARE - 2017

Worksheet 3

Billed Charges for Government-sponsored Indigent Health Care Provided:(Do not include Medicare or Non-government charges.)

W3A.	Inpatient	Outpatient	Total
Medicaid(include Medicaid Managed Care charges; exclude Medicaid Disproportionate Share AND 1115 WAIVER PAYMENTS payments)	48,602	5,658,181	5,706,783
State Government (CSHCN, Primary Care, Kidney Health, etc.)	0	474,534	474,534
Local Government (County Indigent Health Care, other)	28,188	187,586	215,774
Other Government	0	0	0
Total Billed Charges	76,790	6,320,301	6,397,091

W3B1. **Ratio of Cost to Charge (Worksheet 1, Item d)** (Please report the ratio as a decimal) *****THIS IS A PRE-CALCULATED FIELD.** (b) 0.2526

W3B2. **Estimated Costs of Government-sponsored Indigent Health Care Provided ((a) x (b)) ***THIS IS A PRE-CALCULATED FIELD.** (c) 1,615,905

Payment Received for Government-sponsored Indigent Health Care Provided:(Do not include Medicare or non-government payments received.)

W3C1. Medicaid (include Medicaid Managed Care payments; exclude Medicaid Disproportionate Share Hospital payments) 1,012,798

W3C2. Medicaid Disproportionate Share Hospital payments 0

w3c22. Uncompensated Care Payments

1,844,509

W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.) 37,151

W3C4. Local Government (County Indigent Health Care, other). 20,341

W3C5. Other Government. **(Champus Payments and DSRIP "SHOULD NOT" be reported here; report "CHAMPUS Payments only in Worksheet 4b.)** 0

W3C5A. Please specify source of Other Government payments

Federal Inmate

W3C6. **Total Payments ***THIS IS A PRE-CALCULATED FIELD.** (d) 2,914,799

W3D. **Estimated Unreimbursed Costs of Government-sponsored Indigent Health Care ((c) - (d))1** (e) 0

(1) Report zero (0) in (e) if estimated costs of government-sponsored indigent health care provided (c) minus total payments (d) is a negative value.

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UNREIMBURSED COSTS OF PROVIDING COMMUNITY BENEFITS -2017

Worksheet 4-A

Unreimbursed Costs of Subsidized Health Services:

W4AA1.	Emergency Care		0
W4AA2.	Trauma Care		0
W4AA3.	Neonatal Intensive Care		0
W4AA4.	Freestanding Community Clinics, e.g., rural health clinics		0
W4AA5.	Collaborative effort with local government(s) and/or private agency in preventive medicine, e.g., immunization program		0
W4AA6.	Other Services		0
W4AA7.	**Total** ***THIS IS A PRE-CALCULATED FIELD.**	(a)	0
W4AB1.	**Donations Made by the Hospital**	(b)	0
W4AB2.	**Unreimbursed Research-Related Costs**	(c)	0

Unreimbursed Education - Related Costs:

W4AC1.	Education of physicians, nurses, technicians and other medical professionals and health care providers	446
W4AC2.	Scholarships and funding to medical schools, colleges and universities for health professions education	0
W4AC3.	Education of patients concerning diseases and home care in response to community needs	13,168
W4AC4.	Community health education through informational programs, publications and outreach activities in response to community needs	0
W4AC5.	Other educational services	0

W4AC6. **Total**
*****THIS IS A PRE-CALCULATED FIELD.** (d) 13,614

W4AD. **Total Unreimbursed Costs of Providing Community Benefits ((a) + (b) + (c) + (d))**
*****THIS IS A PRE-CALCULATED FIELD***.** (e) 13,614

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EST. UNREIMBURSED COSTS OF INPAT./OUTPAT. MEDICARE, CHAMPUS AND OTHER GOV'T-SPONSORED PROGRAMS - 2017

Worksheet 4-B

Total Billed Charges for Medicare *(INCLUDE MEDICARE MANAGED CARE)*, CHAMPUS, and Other Government (DO NOT REPORT DSRIP)-sponsored

Health Care Provided: (Do not include Medicaid charges or other government charges previously reported on worksheet 3.)

W4BA1.	Inpatient	4,265,890	
W4BA2.	Outpatient	13,373,708	
W4BA3.	**Total Billed Charges ***THIS IS A PRE-CALCULATED FIELD***.**	(a) 17,639,598	
W4BB1.	**Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal 0.0000) ***THIS IS A PRE-CALCULATED FIELD***.**		(b) 0.2526
W4BB2.	**Estimated Costs of Government-sponsored Health Care Provided (a x b) ***THIS IS A PRE-CALCULATED FIELD***.**		(c) 4,455,762

Payments Received for Care Provided: (Do not include Medicaid payments received.)

W4BC1.	Government Payments	6,855,862	
W4BC2.	Payments from Patients	56,865	
W4BC3.	Other Payments	0	
W4BC4.	**Total Payments ***THIS IS A PRE-CALCULATED FIELD***.**	(d) 6,912,727	

This is correct. W4Bc1 will be greater as that also includes Champus and other govt sponsored healthcare as per the defn and E6a1c2 is only Medicare. P. Braun, 5/31/18 ao

W4BD. **Estimated Unreimbursed Costs of Government-sponsored Health Care Provided ((c) - (d))2** (e) 0

1. Do not include charitable contributions and grants.

2. Report zero (0) in (e) if estimated cost of government-sponsored health care provided (c) minus total payments (d) is a negative value.

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ESTIMATED VALUE OF TAX EXEMPT BENEFITS
2017

Worksheet 5

Franchise Tax:

W5A. The greater of Fund Balance x 0.25 percent (.0025); -OR-

Net Income plus Officers' and Directors' Compensation x 4.5 percent (.045) (a) 0

Ad Valorem Taxes

.

		Amount of Taxes
County Property Tax (Appraised Value of Property (Real andPersonal) x Tax Rate)		0
School District Tax (Appraised Value of Property x Tax Rate)		0
Hospital District Tax (Appraised Value of Property x Tax Rate)		0
Other Property Taxes (Appraised Value of Property x Tax Rate)		0
W5B5. **Total Estimated Ad Valorem Taxes**	(b) 0	

Sales Tax

W5C1. Supplies expense less pharmacy supplies expense	0	
W5C2. Lease or rental expense	0	
W5C3. Capital Purchases	0	
W5C4. Total Estimated Taxable Purchases	(1) 0	
W5C5. Sales Tax Rate.....(**Please report RATE (.0000), not a percent**)	(2) 0	
W5C6. **Total Estimated Sales Tax (Multiply (1) by (2)) ***THIS IS A PRE-CALCULATED FIELD.**		(c) 0

Contributions

W5D1. Nondesignated and Charitable Cash Donations received by the hospital	0
W5D2. Fair Market Value of Nondesignated and Charitable In-Kind Donations	0

W5D3. **Total Contributions** (d) 0

Tax-Exempt Bond Financing

W5E1. Average Outstanding Bond Principal x Prevailing Interest Rate at Time of Issuance (1) 0

W5E2. Actual Interest Expense for the Reporting Period (2) 0

W5E3. Value of Tax-Exempt Bond Financing ((1) - (2)) (e) 0

W5F. **TOTAL ESTIMATED VALUE OF TAX EXEMPT BENEFITS ((a)+(b)+(c)+(d)+(e))** (f) 0

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II. CHARITY CARE, GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, AND OTHER COMMUNITY BENEFITS INFORMATION - 2017

IIA. Unreimbursed costs of charity care

	Hospital	System Total
IIA1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))	994,451	
IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))	0	
IIA3. Unreimbursed costs of charity care (A.1. + A.2.)	994,451	
IIB. Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))	0	
IIC. Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)	994,451	
IID. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))	13,614	
IIE. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)	1,008,065	

If you're reporting as a system, please provide system aggregate data for sections I, II, and III

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STD **STANDARDS - Please check the appropriate box (A, B or C) below and provide the requested information.**

P. Braun
5/31/18 AO

TaxID. Taxpayer Number: 30010211222

		Hospital	System
STDI1.	Net Patient Revenue (include Medicaid Disproportionate Share Hospital payments):**(exclude DSRIP= the incentive payments from "Net Patient Revenue) TREAT BAD DEBT AS A DEDUCTION FROM NET REVENUE**	13,398,530	

STDI2. The hospital has been designated as a**disproportionate share hospital** under the state Medicaid program in the period covered by this report (2014) or in either of its two previous fiscal years. Completion of section I-3. or I-4. is not required.

I-2
[ ]

I3. STANDARDS - Please check the appopriate box (A, B, or C) below and provide the requested information.

A. Charity care and government-sponsored indigent health care are provided at a level which is reasonable in relation to the community needs, as determined through the community needs assessment, the available resources of the hospital, and the tax-exempt benefits received by the hospital.

A.[ ]

		Hospital
STDI3A1.	Tax exempt benefits (Worksheet 5)	
STDI3A2.	Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year	

B. Charity care and government-sponsored indigent health care are provided in an amount equal to at least 100 percent of the hospital's tax-exempt benefits, excluding federal income tax. (Standard B is met if B.4. is greater than or equal to B.3.)

[ ] B.

		Hospital	System
STDI3B1.	Tax-exempt benefits (Worksheet 5)		
STDI3B2.	Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
STDI3B3.	Total of B.1. and B.2. above		
STDI3B4.	Enter the total from item II.C		

C. Charity care and community benefits are provided in a combined amount equal to at least five (5) percent of the hospital s net patient revenue, provided that charity care and government-sponsored indigent health care are provided in an amount equal to at least four (4) percent of net patient revenue. (Standard C is met if C.4. is greater than or equal to C.3. and C.8. is greater than or equal to C.7.)

C.[ ]

	Hospital	System
STDI3C1. Multiply Net Patient Revenue (I-1.) by 5%	669,927	
STDI3C2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year	542,658	
STDI3C3. Total of C.1. and C.2. above	1,212,585	
STDI3C4. Enter the amount recorded in item II.E.	1,008,065	
STDI3C5. Multiply Net Patient revenue (I-1.) by 4%	535,941	
STDI3C6. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year	417,610	
STDI3C7. Total of C.5. and C.6. above	953,551	
STDI3C8. Enter the amount recorded in item II.C.	994,451	

Pam Braun
6/6/18
AO

I4. Check this box if your hospital **did not meet** any of the standards in sections I-3. Please attach explanatory information.

[x] I-4

I5. Certification Contact Information - Annual Statement of Community Benefits
*

Coordinator Name	Coordinator Title	Phone	Fax	Electronic/internet Mail address
Pam Braun	Financial Analyst	(979) 821-7622	(979) 821-7601	pbraun@st-joseph.org

If you're reporting as a system, please provide system aggregate data

****

completed
6/6/18 ao