

**ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2016 TEXAS NONPROFIT HOSPITALS**

**Part I**

Please Check "one" your ownership: \*

- Not-For-Profit
- For-Profit (received Medicaid Disproportionate Share Funds)
- Public
- For-Profit

1856309                      **2016 ASCBS**  
**Grimes St. Joseph Health Center**  
 Navasota  
 TYPE: NP                  DISPRO:  
**REQUIRED TO REPORT ASCBS: YES**  
**ST. JOSEPH HEALTH SYSTEM**

6742590  
 GRIMES

Are you reporting as part of a hospital system?                    Yes  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	<u>Community Benefits Contribution*</u>	<u>Net Patient Revenue (NPR)**</u>	<u>Miles From System Office</u>	<u>Name of Hospital</u>	<u>Physical Address, City, State, Zip</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
<b>TOTAL:</b>					

\* 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 STD11 (Standards Section follows Section II).

**ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED - 2016**

**Total Billed Charges for Charity Care Provided (based on 2016 audited fiscal year): (exclude bad debt)**

W1A.	<u>Financially Indigent</u>	<u>Medically Indigent</u>	<u>Total Charity Care Charges</u>
Inpatient	<u>NA</u>	<u>NA</u>	3,717
Outpatient	<u>  </u>	<u>  </u>	756,436
<b>Total</b>	<u>  </u>	<u>  </u>	<b>(a) 760,153</b>

**Cost to Charge Ratio Calculation (based on 2015 audited fiscal year):**

W1B1. **2015** Gross Patient Service Revenue<sup>1, 2</sup>..... (b) 20,453,235

W1B2. **2015** Total Patient Care Operating Expenses<sup>1,3</sup>.....(Bad Debt should be treated as a Deduction) ..... (c) 5,183,527

W1B3. **Cost to Charge Ratio (Divide (c) by (b)) (please report the ratio as a decimal 0.0000)** ..... (d) 0.2534  
**\*\*\*THIS IS A PRE-CALCULATED FIELD.**

W1C. **Estimated Costs of Charity Care Provided ((a) x (d))** ..... (e) 192,622

**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**..... (f) 0  
**\*\*\*THIS IS A PRE-CALCULATED FIELD.**

W1E. **Estimated Unreimbursed Costs of Charity Care Provided ((e) - (f))<sup>5</sup>**..... \* (g) 192,622

<sup>1</sup> Use audited data for FY 2015 to complete the Cost to Charge Ratio Calculation section of this worksheet for FY 2016.

<sup>2</sup> 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 -  
2016**

Calculation of initial Ratio of Cost to Charge

W1AA1. Total Patient Revenues (from <b>2015</b> Medicare Cost Report1, Worksheet G-3, Line 1)	(a) <u>20,450,328</u>
W1AA2. Total Operating Expenses (from <b>2015</b> Medicare Cost Report1, Worksheet A, Line 118, Col. 7)	(b) <u>7,331,668</u>
W1AA3. Initial Ratio of Cost to Charge ((b) divided by (a)) ***THIS IS A PRE-CALCULATED FIELD.	(c) <u>0.3585</u>
<b>Application of Initial Ratio of Cost to Charge to 2016 Bad-Debt Expense</b>	
W1AB1. Bad-Debt Expense2 (from <b>2016</b> audited financial statement covering your reporting period)	(d) <u>4,469,990</u>
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) <u>1,602,491</u>
W1AB3. Add the allowable "Bad-Debt Expense" to " Total Operating Expenses" ((b) + (e)) ***THIS IS A PRE-CALCULATED FIELD.	(f) <u>8,934,159</u>
W1AC. Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a decimal)	(g) <u>0.4369</u>

**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 2015 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)		
<u>Cost Area</u>	<u>Medicare Cost Report Reference*</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 2016

Funding to: W2A

W2A.	<u>Other Nonprofit</u>	<u>Public</u>	<u>Total</u>
Outpatient Clinic	0	0	0
Hospital	0	0	0
Other Health Care Organizations	0	0	0
<b>Total Funding to Others</b>	<b>0</b>	<b>0</b>	<b>0</b>

Financial Support to:

W2B.

W2B	<u>Other Nonprofit</u>	<u>Public</u>	<u>Total</u>
Outpatient Clinic	0	0	0
Hospital	0	0	0
Other Health Care Organizations	0	0	0
<b>Total Other Financial Support</b>	<b>0</b>	<b>0</b>	<b>0</b>

W2C.

	<u>Other Nonprofit</u>	<u>Public</u>	<u>Total</u>
<b>Total Support Provided Through Others:</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 - 2016**

**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)	<u>25,806</u>	<u>5,156,824</u>	<u>5,182,630</u>
State Government (CSHCN, Primary Care, Kidney Health, etc.)	0	<u>683,067</u>	<u>683,067</u>
Local Government (County Indigent Health Care, other)	0	<u>165,679</u>	<u>165,679</u>
Other Government	0	<u>282,934</u>	<u>282,934</u>
<b>Total Billed Charges</b>	<b><u>25,806</u></b>	<b><u>6,288,504</u></b>	<b><u>6,314,310</u></b>

*\*Indigent for Federal Programs*

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

(b) 0.2534 *including inmates, veterans and special children services.*

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

(c) 1,600,046

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

*P. Braun on 05/08/17*  
*AG*

W3C1. Medicaid (include Medicaid Managed Care payments; exclude Medicaid Disproportionate Share Hospital payments) 910,725

W3C2. Medicaid Disproportionate Share Hospital payments 0

w3c22. Uncompensated Care Payments  
2,254,477

W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.) 77,870

W3C4. Local Government (County Indigent Health Care, other). 6,440

W3C5. Other Government. (Champus Payments and DSRIP "SHOULD NOT" be reported here; report "CHAMPUS Payments only in Worksheet 4b.) 210,621

W3C6. **Total Payments** 3,460,133  
 \*\*\*THIS IS A PRE-CALCULATED FIELD. (d)

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.

**PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).**

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**UNREIMBURSED COSTS OF PROVIDING COMMUNITY BENEFITS  
-2016**

**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. <b>Total</b> ***THIS IS A PRE-CALCULATED FIELD.	(a) 0
W4AB1. <b>Donations Made by the Hospital</b>	(b) 0
W4AB2. <b>Unreimbursed Research-Related Costs</b>	(c) 0

**Unreimbursed Education - Related Costs:**

W4AC1. Education of physicians, nurses, technicians and other medical professionals and health care providers	<u>1,501</u>
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	<u>11,495</u>
W4AC4. Community health education through informational programs, publications and outreach activities in response to community needs	0
W4AC5. Other educational services	0

W4AC6. Total (d) 12,996  
\*\*\*THIS IS A PRE-CALCULATED FIELD.

W4AD. Total Unreimbursed Costs of Providing Community Benefits ((a) + (b) + (c) + (d)) (e) 12,996  
\*\*\*THIS IS A PRE-CALCULATED FIELD\*\*\*.

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EST. UNREIMBURSED COSTS OF INPAT./OUTPAT. MEDICARE, CHAMPUS AND OTHER GOV'T-SPONSORED PROGRAMS - 2016

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 6,176,118

W4BA2. Outpatient 3,669,039

W4BA3. Total Billed Charges (a) 9,845,157  
 \*\*\*THIS IS A PRE-CALCULATED FIELD\*\*\*.

\* Amounts will not tie to Dba/c1 as it is pulled differently to include Tricare/Champus, but not All of other Gov't insurances. Does not include a Fee Schedule which is in G/L & actually conservative.

P. Braun on 05/08/17

W4BB1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal 0.0000) (b) 0.2534  
 \*\*\*THIS IS A PRE-CALCULATED FIELD\*\*\*.

23

W4BB2. Estimated Costs of Government-sponsored Health Care Provided (a x b) (c) 2,494,763  
 \*\*\*THIS IS A PRE-CALCULATED FIELD\*\*\*.

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

W4BC1. Government Payments 2,421,877

\* Payments only received from Gov't

W4BC2. Payments from Patients 58,372

W4BC3. Other Payments 0

W4BC4. Total Payments (d) 2,480,249  
 \*\*\*THIS IS A PRE-CALCULATED FIELD\*\*\*.

W4BD. Estimated Unreimbursed Costs of Government-sponsored Health Care Provided ((c) - (d))2 (e) 14,514

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.

**PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).**

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**ESTIMATED VALUE OF TAX EXEMPT BENEFITS  
2016**

**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 and Personal) 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
<b>W5B5. Total Estimated Ad Valorem Taxes</b>	<b>(b) 0</b>

**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	
<b>W5C6. Total Estimated Sales Tax (Multiply (1) by (2))</b> <b>***THIS IS A PRE-CALCULATED FIELD.</b>		<b>(c) 0</b>

**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 - 2016**

**IIA. Unreimbursed costs of charity care**

	Hospital	System	Total
IIA1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))	<u>192,622</u>		<u>0</u>
IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))	0	0	
IIA3. Unreimbursed costs of charity care (A.1. + A.2.)	<u>192,622</u>	0	
II B. Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))	0	0	
II C. Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)	<u>192,622</u>	0	
II D. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))	<u>27,510</u>	0	
II E. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)	<u>220,132</u>	0	

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

**PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).**

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

TaxID. Taxpayer Number:

3-00102-1122-2

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

Hospital	System
<u>15,255,798</u>	<u>0</u>

STDI2. The hospital has been designated as adisproportionate 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.[ ]

STDI3A1. Tax exempt benefits (Worksheet 5)

Hospital  
\_\_\_\_\_

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.

STDI3B1. Tax-exempt benefits (Worksheet 5)

Hospital	System
_____	_____

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.[ ]



**Texas Nonprofit Hospitals\***  
**Part II**


Summary of Current Charity Care Policy and Community Benefits for Inclusion in DSHS Charity Care Manual as Required by Texas Health and Safety Code, 311.0461\*\* 2016


**Name of Hospital:** CHI St. Joseph Regional Hospital

**County:** Brazos

**Mailing Address:** 2801 Franciscan Drive, Bryan TX 77802

**Physical Address if different from above:** \_\_\_\_\_

**Effective Date of the current policy:** 03/14/2012   
(mm/dd/yyyy)

**Date of Scheduled Revision of this policy:** 12/07/2019   
(mm/dd/yyyy)

**How often do you revise your charity care policy?** Revised every 3 years with Board or as needed

**Provide the following information on the office and contact person(s) processing requests for charity care.**

**Name of the office/department:** Conifer Patient Access-Admitting/Patient Registration Svcs

**Mailing Address:** 2801 Franciscan Drive, Bryan TX 77802

**Contact Person:** Catie Cowan

**Title:** Director

**Phone:** (979) 731-5650

**Fax:** (979) 776-5649

**E-Mail: \*** catiecowan@st-joseph.org

STDI3C1. Multiply Net Patient Revenue (I-1.) by 5%

Hospital 762,790 System \_\_\_\_\_

STDI3C2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year

0 \_\_\_\_\_

STDI3C3. Total of C.1. and C.2. above

762,790 \_\_\_\_\_

STDI3C4. Enter the amount recorded in item II.E.

220,132 \_\_\_\_\_

STDI3C5. Multiply Net Patient revenue (I-1.) by 4%

610,232 \_\_\_\_\_

STDI3C6. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year

0 \_\_\_\_\_

STDI3C7. Total of C.5. and C.6. above

610,232 \_\_\_\_\_

STDI3C8. Enter the amount recorded in item II.C.

192,623 \_\_\_\_\_

P. Braun  
on 05/14/17

J3

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

I-4

15. 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 by J3 on 05/15/17.