ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2015 TEXAS NONPROFIT HOSPITALS

Part I

2015 ASCBS 2012020 Please Check "one" your ownership: * **TIRR Memorial Hermann**

6742020

(x) Not-For-Profit Houston **HARRIS**

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

DISPRO:

TYPE: NP REQUIRED TO REPORT ASCBS: YES

() 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.	generation general general general control of the c		places or representative of relative places and relative places of the p		and the state of t
2.			egen g territorio en a nacea, discripidativa nel care a las cognicativas que as essen e que este e	produced who was complete our space of completes which produce plus recovers contribute a space described about the complete in the contribute of the contri	and all the second of the seco
3.	AND THE PROPERTY AND				unit der gereichten der spericht-fragen statissation sollen speziellichten der der der nech und generalen speziellichte auf der der
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8.	CRE Mark St. 19 (48) (6) + Millionersky vygrening (6) + 100 (40 (40 (40 (40 (40 (40 (40 (40 (40 (A STATE STATE OF THE STATE OF T	THE PERSON NAMED IN THE PE		CONTRACTOR OF THE SECRET OF THE CONTRACTOR OF THE CONTRACTOR OF THE SECRET
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10.	and the state of t		e arrens y a translativistica i laste centre por a mi di problem pepe deputato translati un construcción del d	en effect et de en en en en et et en	C TOTAL About condequency and cores or colors a cab of effective annexas as a color a can calculate upon upon upon upon upon upon upon upon
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12.			gardina a vine to more que de que que que que que que que produciendo e que que que que que que que que que q		and the section of th
13.	ander melle in a comment of more dependency which are designed a commentation, about a processing of the comment of the commen	ander a tre treate de unit et tal descript et an australia tromana. A repartar les traj ant entrepa des trep de cara calabante (e	an bay shadara wa caaaa sa ay aa ay qooyay ah yaa garay ah ay ah ahaay dayaa ay shadaan ah ah ah ah ah ah ah a	an engagement and an engagement and an entage year objectives a susceptive and purpose upon year express property and as the six objectives and an engagement and an express property and an engagement and an express property and an express propert	
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TOTAL:	Andrew Co., Supplementary and Supplementary Co., Su				

^{*} 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 - 2015

Total Billed Charges for Charity Care Provided (based on 2015 audited fiscal year): (exclude bad debt)

W1A.	Financially Indigent	Medically Indigent	Total Charity Care Charges
Inpatient	1,936,238	Q	1,936,238
Outpatient	250.466	0	250,466
Total	2,186,704	Q	(a) 2.186.704
	Ratio Calculation (based on 2014 audi	-	()————————————————————————————————————
W1B1. 2014 Gro	oss Patient Service Revenue1, 2;		(b) 201.759.765
W1B2. 2014 Tot		(Bad Debt should be treated as a Deduction)	(c) 88,238,872
0.0000)	Charge Ratio (Divide (c) by (b)) (please S IS A PRE-CALCULATED FIELD.	e report the ratio as a decimal	(d) ^{0.4373}
W1C. Estimated	d Costs of Charity Care Provided ((a) 3	((d))	(e) ^{956,245}
Payments Reco year)	eived for Charity Care Provided: (base	d on 2015 audited fiscal	
W1D1. Third-Pa	rty Payments		Ω.
W1D2. Payment	s from Patients		Ω
W1D3. Other Pa	syments (4) (Public hospitals report tax ap	ppropriations relative to charity care here)	Ω
W1D4. Total Ps ***THI	nyments Received for Charity Care Pro S IS A PRE-CALCULATED FIELD.	ovided	(f) ⁰
W1E. Estimated	d Unreimbursed Costs of Charity Care	Provided ((e) - (f))5*	(g) 956,245
1 Use audited of 2015.	lata for FY 2014 to complete the Cost to	Charge Ratio Calculation section of this worksh	eet for FY

payments.

2 Gross Patient Service Revenue excludes Medicaid Disproportionate Share Hospital

- 3 Total Patient Care Operating Expenses -(Bad Debt should be treated as a deduction) excludes expense, and 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 - 2015

C alculation of initial Ratio of Cost to Charge

W1AA1. Total Patient Revenues (from 2014 Medicare Cost Report1, Worksheet G-3, Line 1)	(a) 216,837,152
W1AA2. Total Operating Expenses (from 2014) Medicare Cost Report1, Worksheet A, Line 118, Col. 7	(b) 88,358,185
W1AA3. Initial Ratio of Cost to Charge ((b) divided by (a)) ***THIS IS A PRE-CALCULATED FIELD.	(c) 0.4075
Application of Initial Ratio of Cost to Charge to 2015 Bad-Debt Expense W1AB1. Bad-Debt Expense2 (from 2015 audited financial statement covering your reporting period)	19
W1AB1. Bad-Debt Expense2 (from 2015 audited financial statement covering your reporting period)	(d) 1,623,085
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) 661,407
W1AB3. Add the allowable "Bad-Debt Expense" to " Total Operating Expenses" ((b) + (e)) ***THIS IS A PRE-CALCULATED FIELD.	(f) 89,019,592

W1AC. Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a

(g) 0.4105

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 2014 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.

Support to Financially Indigent Patients Provided Through Others 2015

Funding to: W2A			
W2A.	Other Nonprofit	<u>Public</u>	<u>Total</u>
Outpatient Clinic	Q	Q	Q
Hospital	Q	Q	Ω
Other Health Care Organizations	Q	Q	Q
Total Funding to Others	Q	Ω	Ω
Financial Support to:			
W2B.			
W2B	Other Nonprofit	<u>Public</u>	<u>Total</u>
Outpatient Clinic	Q	Ω	Ω
Hospital	Q	Q	Ω
Other Health Care Organizations	Q	Q	Ω
Total Other Financial Support	Q	<u>0</u>	Q
W2C.	Other Nonprofit	<u>Public</u>	<u>Total</u>
Total Support Provided Through Others:	Q	Q	Ω
W2D. Less: Payments allocated		(c) ⁰	
W2E. Total Unreimbursed Support Provided Thro	ough Others ((a.3. + b.3.) - (c))	(d) ^Q	

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

ESTIMATED UNREIMBURSED COSTS OF GOVERNMENT-SPONSORED INDIGENT HEALTH CARE - $2015\,$

Worksheet 3

Billed Charges for Government-sponsored Indigent Health Care Provided: (Do not inclu	ide Medicare or l	Non-government c	harges.)
W3A.	Inpatient	Outpatient	Total
Medicaid(include Medicaid Managed Care charges; exclude Medicaid Disproportionate Share AND 1115 WAIVER PAYMENTS payments)	6,495,941	4,505,948	11.001.889
State Government (CSHCN, Primary Care, Kidney Health, etc.)	1,306,545	<u>399,309</u>	1,705,854
Local Government (County Indigent Health Care, other)	Q	1,756,257	1,756,257
Other Government	Q	Ω	Q
Total Billed Charges	7,802,486	6,661,514	14,464,000
W3B1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decima ***THIS IS A PRE-CALCULATED FIELD.	d)		(b) ^{0.4373}
W3B2. Estimated Costs of Government-sponsored Indigent Health Care Provided ((a) : (b)) ***THIS IS A PRE-CALCULATED FIELD.	K		(c) 6.325,107
Payment Received for Government-sponsored Indigent Health Care Provided:(Do not payments received.)	t include Medica	are or non-goverr	nment
W3C1. Medicaid (include Medicaid Managed Care payments; exclude Medicaid Disproporti	onate Share Hos	pital payments)	2,608,032
W3C2. Medicaid Disproportionate Share Hospital payments			Ω
w3c22. Uncompensated Care Payments Ω			
W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.)			1.094.642
W3C4. Local Government (County Indigent Health Care, other).			269,140
W3C5. Other Government. (Champus Payments and DSRIP "SHOULD NOT" be report in Worksheet 4b.)	ed here; report	"CHAMPUS Pay	ments only 0
W3C6. Total Payments ***THIS IS A PRE-CALCULATED FIELD.			(d) 3,971,814
W3D. Estimated Unreimbursed Costs of Government-sponsored Indigent Health Care ((c) - (d))1		(e) 2.353.293

(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).

UNREIMBURSED COSTS OF PROVIDING COMMUNITY BENEFITS -2015

Worksheet 4-A 2 **Unreimbursed Costs of Subsidized Health Services:** W4AA1. Emergency Care Q W4AA2. Trauma Care 0 W4AA3. Neonatal Intensive Care Q W4AA4. Freestanding Community Clinics, e.g., rural health clinics Q W4AA5. Collaborative effort with local government(s) and/or private agency in preventive medicine, e.g., immunization program W4AA6. Other Services 21,920 W4AA7. Total (a) 21,920 ***THIS IS A PRE-CALCULATED FIELD. W4AB1. Donations Made by the Hospital (b) ⁰

W4AB2. Unreimbursed Research-Related Costs

(c) 2,240,182

Unreimbursed Education - Related Costs:

W4AC1. Education of physicians, nurses, technicians and other medical professionals and health care providers	2.473.205
W4AC2. Scholarships and funding to medical schools, colleges and universities for health professions education	Ω
W4AC3. Education of patients concerning diseases and home care in response to community needs	Ω
W4AC4. Community health education through informational programs, publications and outreach activities in response to community needs	Ω

W4AC6. Total
***THIS IS A PRE-CALCULATED FIELD.

(d) 2.473,205

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

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

EST. UNREIMBURSED COSTS OF INPAT./OUTPAT. MEDICARE, CHAMPUS AND OTHER GOV'T-SPONSORED PROGRAMS - 2015

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

41.819.978

W4BA2. Outpatient

28,867,652

W4BA3. Total Billed Charges

(a) 70,687,630

***THIS IS A

PRE-CALCULATED

FIELD***.

W4BB1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal

(b) 0.4373

THIS IS A PRE-CALCULATED FIELD.

W4BB2. Estimated Costs of Government-sponsored Health Care Provided (a x

(c) 30,911,701

b) ***THIS IS A PRE-CALCULATED FIELD***.

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

W4BC1. Government Payments

20.225.181

W4BC2. Payments from Patients

0

W4BC3. Other Payments

0

W4BC4. Total Payments

(d) 20,225,181

***THIS IS A PRE-CALCULATED

FIELD***.

W4BD. Estimated Unreimbursed Costs of Government-sponsored Health Care Provided ((c) (e) 10.686.520 - (d))2

- 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

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

ESTIMATED VALUE OF TAX EXEMPT BENEFITS 2015

Worksheet 5

Page 33 of 43

Franchise Tax:			
W5A. The greater of Fund Balance x 0.25 percent (.0025); -OR-			
Net Income plus Officers' and Directors' Compensation x 4.5 percen (.045)	t	(a)	
Ad Valorem Taxes			
			Amount of Taxes
County Property Tax (Appraised Value of Property (Real and Personal	l) x Tax Rate)		
School District Tax (Appraised Value of Property x Tax Rate)			
Hospital District Tax (Appraised Value of Property x Tax Rate)			
Other Property Taxes (Appraised Value of Property x Tax Rate)			
W5B5. Total Estimated Ad Valorem Taxes		(b) ———	
Sales Tax			
W5C1. Supplies expense less pharmacy supplies expense			
W5C2. Lease or rental expense	-		
W5C3. Capital Purchases			
W5C4. Total Estimated Taxable Purchases	(1)———		
W5C5. Sales Tax Rate(Please report RATE (.0000), not a percent)	(2)		
W5C6. Total Estimated Sales Tax (Multiply (1) by (2)) ***THIS IS A PRE-CALCULATED FIELD.		(c)	_
Contributions			
W5D1. Nondesignated and Charitable Cash Donations received by the hospital	e		
W5D2. Fair Market Value of Nondesignated and Charitable In-Kind	8		

Donations

W5D3. Total Contributions		(d) ———
Tax-Exempt Bond Financing		
W5E1. Average Outstanding Bond Principal x Prevailing Interest Rate at Time of Issuance	(1)———	
W5E2. Actual Interest Expense for the Reporting Period	(2)———	
W5E3. Value of Tax-Exempt Bond Financing ((1) - (2))		(e) ⁰
W5F. TOTAL ESTIMATED VALUE OF TAX EXEMPT BENI ((a)+(b)+(c)+(d)+(e))	EFITS	(f)

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

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 when you leave to when you lea push save to continue to where you left off.

IIA. Unreimbursed costs of charity care

II. CHARITY CARE, GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, AND OTHER COMMUNITY BENEFITS INFORMATION - 2015

IIA1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))	Hospital System Total 956,245
IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))	Q
IIA3. Unreimbursed costs of charity care (A.1. + A.2.)	956,245
IIB. Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))	2.353,293
IIC. Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)	3,309,538
IID. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))	15,421,827
IIE. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. +	18,731,365

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).

STD

TaxID.	Taxpayer Number:	<u>74-1152597</u>	
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 101,584.831	System
STDI2.	The hospital has been designated as a disproportionate share hospital under the state Medicaid program in the this report (2013) or in either of its two previous fiscal years. Completion of section I-3. or I-4. is not required.	period covered	i by
I-2 []			
	ANDARDS - Please check the appopriate box (A, B, or C) below and provide the requested nation.		
needs	narity care and government-sponsored indigent health care are provided at a level which is reasonable in relation, as determined through the community needs assessment, the available resources of the hospital, and the tax-exectors are the community needs assessment.	to the communempt benefits re	ity eceived
A.[]			
STDI3.	A1. Tax exempt benefits (Worksheet 5)		Hospital
STDI3	A2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
tax-e	narity care and government-sponsored indigent health care are provided in an amount equal to at least 100 percer exempt benefits, excluding federal income tax. (Standard B is met if B.4. is greater than or equal to B.3.)	nt of the hospit	al's
[]B.			
STD13	B1. Tax-exempt benefits (Worksheet 5)	Hospital	System
STD13	B2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
STD13	B3. Total of B.1. and B.2. above		
STD13	B4. Enter the total from item II.C		
	harity care and community benefits are provided in a combined amount equal to at least five (5) percent of the houe, provided that charity care and government-sponsored indigent health care are provided in an amount equal tent 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.3.	o at least loui	tient (4)
C.[x]	6 N. Trupgg167		

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

STDI3C1. Multiply Net Patient Revenue (I-1.) by 5%			Hospital 5,079,242	System
STDI3C2. Shortfall in charity care and government	ernment-sponso	red indigent healt	h care from the prior fiscal year	0	_
STDI3C3. Total of C.1. and C.2. above				5.079.242	
STDI3C4. Enter the amount recorded in ite	em II.E.			18,731,365	
STDI3C5. Multiply Net Patient revenue (I-	·1.) by 4%			4.063,393	
STD13C6. Shortfall in charity care and gov	ernment-sponsor	ed indigent health	care from the prior fiscal year	Q	-
STDI3C7. Total of C.5. and C.6. above				4,063,393	
STDI3C8. Enter the amount recorded in ite	m II.C.			3,309,538	
I4. Check this box if your hospital did not[x] 1-4	meet any of the s	standards in sectio	ons I-3. Please attach explanatory inform	ation.	
15. Certification Contact Information - Ann	nual Statement of	f Community Ben	efits		
	Phone (713) 338-4191	Fax (713) 338-4158	Electronic/internet Mail address Steve.Hand@MemorialHermann.org		
**********	If you're repor	ting as a system,	please provide system aggregate data	. *******	*****

Texas Nonprofit Hospitals* Part II

Summary of Current Charity Care Policy and Community Benefits for Inclusion in DHSH Charity Care Manual as Required by Texas Health and Safety Code, 311.0461** 2015	
Name of Hospital:	The Institute of Rehabilitation and Research
County:	Harris
Mailing Address:	1333 Moursund St. Houston TX 77030
Physical Address if different from above:	
Effective Date of the current policy:	06/04/2009 (mm/dd/yyyy)
Date of Scheduled Revision of this policy:	05/10/2016 (mm/dd/yyyy)
How often do you revise your charity care policy?	yearly or as needed
Provide the following information on the office and contact person(s) processing requests for charity care.	
Name of the office/department:	Patient Business Services, Corporate Office
Mailing Address:	902 Frostwood, Suite 2-225, Houston, Texas 77024
Contact Person:	Donna M. Poole
Title:	VP of Patient Access Operations
Phone:	(832) 658-6001
Fax:	(713) 338-4388
E-Mail: *	Donna.Poole@MemorialHermann.org