

ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED - 2020

Total Billed Charges for Charity Care Provided (based on 2020 audited fiscal year): (exclude bad debt)



W1A.	<u>Financially Indigent</u>	<u>Medically Indigent</u>	<u>Total Charity Care Charges</u>
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	(a) 0
Cost to Charge Ratio Calculation (based on 2019 audited fiscal year):			
			16,937,935
W1B1. 2019 Gross Patient Service Revenue ^{1, 2;}			(b) <u>17,195,399</u>
			15,241,888
W1B2. 2019 Total Patient Care Operating Expenses ^{1,3,.....} (Bad Debt should be treated as a Deduction)			(c) <u>15,579,526</u>
			0.8999
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) <u>0.906</u>
W1C. Estimated Costs of Charity Care Provided ((a) x (d))			(e) 0
Payments Received for Charity Care Provided: (based on 2020 audited fiscal year)			
			Tammy Harwell, 6/7/21 AO No Charity
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) 0

1 Use audited data for FY 2019 to complete the Cost to Charge Ratio Calculation section of this worksheet for FY 2020.

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.

***Please take a brief second to fill out the four question feedback survey in the link below.**

https://tcnws.co1.qualtrics.com/jfe/form/SV_01ENJ4LgFt35DDv

**CALCULATION OF THE RATIO OF COST TO CHARGE -
2019**

Calculation of initial Ratio of Cost to Charge

W1AA1. Total Patient Revenues (from **2019** Medicare Cost Report1, Worksheet G-3, Line 1) (a) 0

W1AA2. Total Operating Expenses (from **2019** Medicare Cost Report1, Worksheet A, Line 118, Col. 7) (b) 0

W1AA3. **Initial Ratio of Cost to Charge ((b) divided by (a))** (c) _____
*****THIS IS A PRE-CALCULATED FIELD.**

No bad debt
Specialty hospital
Tammy Harwell, 6/7/21 AO

**Application of Initial Ratio of Cost to Charge to 2019 Bad-Debt
Expense**

W1AB1. Bad-Debt Expense2 (from **2020** audited financial statement covering your reporting period) (d) 0

W1AB2. Multiply "Bad-Debt Expense" by "Initial Cost to Charge Ratio" to determine allowable Bad-Debt Expense ((d) x (c)) (e) _____
*****THIS IS A PRE-CALCULATED FIELD.**

W1AB3. **Add the allowable "Bad-Debt Expense" to " Total Operating Expenses" ((b) + (e))** (f) 0
*****THIS IS A PRE-CALCULATED FIELD.**

W1AC. **Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a decimal)** (g) 0

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 2019 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.
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"This is not complete because the hospital does not provide charity care. The hospital only accepts patients from Texas who are court ordered to the inpatient competency restoration program. Their care is paid for by state of Texas HHSC contract with Montgomery County."
 Tam Harwell

Support to Financially Indigent Patients Provided Through Others 2019

Funding to: W2A

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

Financial Support to:

W2B.

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

W2C.

W2C.	<u>Other Nonprofit</u>	<u>Public</u>	<u>Total</u>
Total Support Provided Through Others:	<u>0</u>	<u>0</u>	<u>0</u>

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 -
2020**

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)	0	0	0
State Government (CSHCN, Primary Care, Kidney Health, etc.)	<u>17,195,399</u>	0	<u>17,195,399</u>
Local Government (County Indigent Health Care, other)	0	0	0
Other Government	0	0	0
Total Billed Charges	<u>17,195,399</u>	0	<u>17,195,399</u>
W3B1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal) ***THIS IS A PRE-CALCULATED FIELD.			(b) <u>0.906</u> 0.8999
W3B2. Estimated Costs of Government-sponsored Indigent Health Care Provided ((a) x (b)) ***THIS IS A PRE-CALCULATED FIELD. Tammy Harwell, 6/7/21 AO		15,474,140	(c) <u>15,579,031</u>
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)			0
W3C2. Medicaid Disproportionate Share Hospital payments			0
w3c22. Uncompensated Care Payments			0
W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.)			<u>17,195,399</u>
W3C4. Local Government (County Indigent Health Care, other).			0
W3C5. Other Government. <u>Champus Payments, VA and DSRIP should not be reported here; report Champus Payments in Worksheet 4B only)(Champus Payments and DSRIP "SHOULD NOT" be reported here; report "CHAMPUS Payments only in Worksheet 4b.)</u>			0
W3C5A. Please specify source of Other Government payments			
			0
W3C6. Total Payments ***THIS IS A PRE-CALCULATED FIELD.			(d) <u>17,195,399</u>
		15,474,140	
W3D. Estimated Unreimbursed Costs of Government-sponsored Indigent Health Care ((c) - (d))1			0

(e)

(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
-2020**

Worksheet 4-A



Unreimbursed Costs of Subsidized Health Services:

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

Unreimbursed Education - Related Costs:

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

W4AC6. **Total** (d) 0
*****THIS IS A PRE-CALCULATED FIELD.**

W4AD. **Total Unreimbursed Costs of Providing Community** (e) 0
Benefits ((a) + (b) + (c) + (d))
*****THIS IS A PRE-CALCULATED FIELD***.**

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EST. UNREIMBURSED COSTS OF INPAT./OUTPAT. MEDICARE, CHAMPUS AND OTHER GOV'T-SPONSORED PROGRAMS - 2020

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 0

W4BA2. Outpatient 0

W4BA3. **Total Billed Charges** (a) 0
*****THIS IS A PRE-CALCULATED FIELD***.**

W4BB1. **Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal 0.0000)** (b) 0.006
*****THIS IS A PRE-CALCULATED FIELD***.**

W4BB2. **Estimated Costs of Government-sponsored Health Care Provided (a x b)** (c) 0
*****THIS IS A PRE-CALCULATED FIELD***.**

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

W4BC1. Government Payments 17,195,399

W4BC2. Payments from Patients 0

W4BC3. Other Payments 0

W4BC4. **Total Payments** (d) 17,195,399
*****THIS IS A PRE-CALCULATED FIELD***.**

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
2020**

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)	<u>0</u>
School District Tax (Appraised Value of Property x Tax Rate)	<u>0</u>
Hospital District Tax (Appraised Value of Property x Tax Rate)	<u>0</u>
Other Property Taxes (Appraised Value of Property x Tax Rate)	<u>0</u>
W5B5. Total Estimated Ad Valorem Taxes	(b) <u>0</u>

Sales Tax

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

Contributions

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

W5D3. **Total Contributions**

(d) 0

Tax-Exempt Bond Financing

W5E1. Average Outstanding Bond Principal x Prevailing Interest Rate at Time of Issuance

(1) 23,395,000

W5E2. Actual Interest Expense for the Reporting Period

(2) 831,285

T. Harwell
6/7/21 AO

Montgomery County is tax exempt. That is who own the hospital.

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

(e) 22,563,715

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

(f) 22,563,715

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II. CHARITY CARE, GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, AND OTHER COMMUNITY BENEFITS INFORMATION - 2020

IIA. Unreimbursed costs of charity care

	Hospital	System	Total
IIA1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))	0		_____
IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))	0		_____
IIA3. Unreimbursed costs of charity care (A.1. + A.2.)	0		_____
II B. Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))	15,474,140	0	_____
II C. Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)	15,474,140	0	_____
II D. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))	0		_____
II E. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)	15,474,140	0	_____

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.**

TaxID. Taxpayer Number: 74-6000558

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
17,195,399 _____
0

STDI2. The hospital has been designated as **disproportionate share hospital** under the state Medicaid program in the period covered by this report (2020) or in either of its two previous fiscal years. Completion of section I-3. or I-4. is not required.

I-2 T. Harwell
[] 6/7/21 AO

I3. STANDARDS - Please check the appropriate 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 0

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.[]

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

Hospital System

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

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

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

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

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

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

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

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

I-4 **Tammy Harwell, 6/7/21 AO**

15. Certification Contact Information - Annual Statement of Community Benefits

*

Coordinator Name	Coordinator Title	Phone	Fax	Electronic/internet Mail address
<u>Tam Harwell</u>	<u>Risk Manager/PI/Compliance</u>	<u>(936) 522-4209</u>	<u>(936) 756-9671</u>	<u>TLHarwell@Wellpath.us</u>

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