ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2016 TEXAS NONPROFIT HOSPITALS

Part I

Please Check "one" your ownership: *	2912280 2016 ASCBS Liberty Dayton Regional Medical Center	6742280
() Not-For-Profit	Liberty TYPE: PUB DISPRO:	LIBERTY
() For-Profit (received Medicaid Disproportionate Share Funds) (x) Public	REQUIRED TO REPORT ASCBS: YES	
() 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.

m	Community Benefits Contribution*	Net Patient Revenue (NPR)**	Miles From System Office	Name of Hospital	Physical Address, City, State, Zip
1.			- Proper anno Ambrica Ambriga, and make the following statements again assess on a set of the following		e en a évalue er e ara le areas de la creat e appendique de la companya del companya de la companya de la companya della compa
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TOTAL:	/ RE - P	a transmission of a territor of trap of enterior size along the stay with the function of the start of the		Constitution of the state of th	

^{*} 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 - 2016

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

W 1A.	Financially Indigent	Medically Indigent	Total Charity Care Charges
Inpatien	<u></u>	395	<u>395</u>
Outpatio	ent	9,670	9,670
Total		10,065	(a) <u>10.065</u>
Cost to year):	o Charge Ratio Calculation (based on 2015 audit	ted fiscal	
W 1B1.	2015 Gross Patient Service Revenuel, 2;		(b) 16,832,733
W 1B2.	2015 Total Patient Care Operating Expenses1,3	(Bad Debt should be treated as a Deduction)	(c) 8.907.819
W 1B3.	Cost to Charge Ratio (Divide (c) by (b)) (please 0.0000) ***THIS IS A PRE-CALCULATED FIELD.	report the ratio as a decimal	(d) ^{0.5292}
	Estimated Costs of Charity Care Provided ((a) x	(d))	(e) ^{5,326}
Paym year)	ents Received for Charity Care Provided: (based	d on 2016 audited fiscal	
W1D1.	Third-Party Payments		Q
W1D2.	Payments from Patients		Q
W1D3.	Other Payments (4) (Public hospitals report tax ap	propriations relative to charity care here)	٥
W1D4.	Total Payments Received for Charity Care Pro ***THIS IS A PRE-CALCULATED FIELD.	vided	(f) ^Q
W1E. 1	Estimated Unreimbursed Costs of Charity Care	Provided ((e) - (f))5*	(g) p
1 Use 2016.	audited data for FY 2015 to complete the Cost to 0	Charge Ratio Calculation section of this workshe	
2 Gro	ss Patient Service Revenue excludes Medicaid Dis	proportionate 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

C alculation of initial Ratio of Cost to Charge

W1AA1. Total Patient Revenues (from 2015 Medicare Cost Report1, Worksheet G-3, Line 1)

W1AA2. Total Operating Expenses (from 2015) Medicare Cost Report1, Worksheet A, Line 118, Col. 7

* (a) 16,798770 * (b) 8161054

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

(c) . 4658

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

W1AB1. Bad-Debt Expense2 (from 2016 audited financial statement covering your reporting period)

ad-Debt Expense ((d) x

(d) 1594,068

Yet ad-Debt Expense ((d) x

(e) 194370

4/17 P.G.

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.

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

11365424,00

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

(g) n. 6766

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.

	7	Vorksheet 1-A	(continued)	
Cost Area				Amount
	Me	dicare Cost Rep	ort Reference*	
		-		
		(- 		-
				1 - T
		4		
7,12		No.		

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.	Other Nonprofit	Public	Total
Outpatient Clinic		10111	
Hospital			
Other Health Care Organizations			
Total Funding to Others			
Financial Support to:			
W2B.			
W2B	Other Nonprofit	Public	Total
Outpatient Clinic			
Hospital			
Other Health Care Organizations			
Total Other Financial Support			
W2C.	Other Nonprofit	Public	<u>Total</u>
Total Support Provided Through Others:	Q	<u>Q</u>	Q
W2D. Less: Payments allocated		(c) ^Q	
W2E. Total Unreimbursed Support Provided Three	ough Others ((a.3. + b.3.) - (c))	(d) ⁰	

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 - $2016\,$

Worksheet 3

Billed Charges for Government-sponsored Indigent Health Care Provided: (Do not incl	ude Medicare or	Non-government ch	arges.) Par D.	1. 4.
W3A.	Inpatient	Outpatient	Total	Remi
Medicaid(include Medicaid Managed Care charges; exclude Medicaid Disproportionate Share AND 1115 WAIVER PAYMENTS payments)	0	(632017	1632017	60
State Government (CSHCN, Primary Care, Kidney Health, etc.)	Q	Q	<u>0</u>	
Local Government (County Indigent Health Care, other)	7,254	301,210	<u>308,464</u>	
Other Government	7.580	0 103,159 0	110,739	
Total Billed Charges	14,834	404,369	419,203 1 9 9	0961
W3B1. Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decim ***THIS IS A PRE-CALCULATED FIELD.	al) 7234	1933247	(b) 0.5292	
W3B2. Estimated Costs of Government-sponsored Indigent Health Care Provided ((a) (b))	x		(c) 221,842 162 7 9 02	
***THIS IS A PRE-CALCULATED FIELD.			1624 903	
Payment Received for Government-sponsored Indigent Health Care Provided: (Do no payments received.)	ot include Med	icare or non-govern	ment	
W3C1. Medicaid (include Medicaid Managed Care payments; exclude Medicaid Dispropor	tionate Share H	ospital payments)	18,217	
W3C2. Medicaid Disproportionate Share Hospital payments			Ω	
w3c22. Uncompensated Care Payments				
1,632,017				
W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.)				
W3C4. Local Government (County Indigent Health Care, other).				
W3C5. Other Government. (Champus Payments and DSRIP "SHOULD NOT" be report Payments only in Worksheet 4b.)	orted here; repo	ort "CHAMPUS		
W3C6. Total Payments ***THIS IS A PRE-CALCULATED FIELD.			(d) 1,650,234	
W2D Fetimeted Unweighburged Costs of Covernment are proved Indigent Health Cov	a ((a) - (d))1		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).

To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to

UNREIMBURSED COSTS OF PROVIDING COMMUNITY BENEFITS -2016

Worksheet 4-A

Unreiml	oursed Costs of Subsidized Health Services:
W4AA 1.	Emergency Care
W4AA2.	Trauma Care
W4AA3.	Neonatal Intensive Care
W4AA4.	Freestanding Community Clinics, e.g., rural health clinics
W4AA5.	Collaborative effort with local government(s) and/or private agency in preventive medicine, e.g., immunization program
W4AA6.	Other Services
W4AA7.	Total ***THIS IS A PRE-CALCULATED FIELD. (a) 0
W4AB1.	Donations Made by the Hospital (b) ———
W4AB2.	Unreimbursed Research-Related Costs (c)
Unreim	bursed Education - Related Costs:
W4ACI.	Education of physicians, nurses, technicians and other medical professionals and health care providers
W4AC2.	Scholarships and funding to medical schools, colleges and universities for health professions education
W4AC3.	Education of patients concerning diseases and home care in response to community needs
W4AC4.	Community health education through informational programs, publications and outreach activities in response to community needs
WAACS	Other adventional cervices

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W4AC6. Total ***THIS IS A PRE-CALCULATED FIELD. (d) $^{\Omega}$

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 (6).

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

1.255.452

W4BA2. Outpatient

6.074.895

W4BA3. Total Billed Charges

***THIS IS A PRE-CALCULATED (a) 7,330,347

FIELD***.

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

(b) 0.5292

THIS IS A PRE-CALCULATED FIELD.

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

(c) 3,879,220

THIS IS A PRE-CALCULATED FIELD.

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

W4BC1. Government Payments

0

W4BC2. Payments from Patients

31.611 le D. Ventasell

B/11 EL

W4BC3. Other Payments

982,753

W4BC4. Total Payments

***THIS IS A PRE-CALCULATED (d) 1.014.364 9 8275)

FIELD***.

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

- 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).

ESTIMATED VALUE OF TAX EXEMPT BENEFITS 2016

Worksheet 5

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Franchi	ise Tax:			
W5A. Ti	ne greater of Fund Balance x 0.25 percent (.0025); -OR-			
Net Inco (.045)	ome plus Officers' and Directors' Compensation x 4.5 percent		(a)	
Ad Valo Taxes	prem			
ounty P	roperty Tax (Appraised Value of Property (Real andPersonal)	v Tov Data)		Amount of Taxes
		x rax Rate)		
	istrict Tax (Appraised Value of Property x Tax Rate)			
	District Tax (Appraised Value of Property x Tax Rate)			
	pperty Taxes (Appraised Value of Property x Tax Rate)			
	Total Estimated Ad Valorem Taxes		(b) ———	
Sales Ta	ax			
W5C1. S	Supplies expense less pharmacy supplies expense			
W5C2. L	ease or rental expense			
W5C3. C	Capital Purchases			
W5C4, T	Cotal Estimated Taxable Purchases	(1)——		
	sales Tax Rate(Please report RATE (.0000), not a sercent)	(2)		
W5C6. T	Total Estimated Sales Tax (Multiply (1) by (2)) **THIS IS A PRE-CALCULATED FIELD.		(c) ———	
Contrib	utions			
W5D1. N h	Nondesignated and Charitable Cash Donations received by the ospital			
W5D2. F	air Market Value of Nondesignated and Charitable In-Kind			

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 BEN ((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).

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IIA, Unreimbursed costs of charity care

II. CHARITY CARE, GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, AND OTHER COMMUNITY BENEFITS INFORMATION - 2016

ΠA	1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))	Hospital	System Total
ΠA	2. Support to financially indigent patients provided through others (Worksheet 2, (d))	Ω	201
ПА	3. Unreimbursed costs of charity care (A.1. + A.2.)	A	
IIB.	Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))	0	
ПС	Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)	4	
IID	Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e)) 1696 46	7 1	<u> </u>
IIE.	Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)		
	290179)	

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	STANDARDS - Please check the appropriate box (A, B or C) below and provide the requested information.		
8			
TaxID.	Taxpayer Number:		By Enter
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 O The state of the s	Par D. V Wasca)
STDI2.	The hospital has been designated as a disproportionate share hospital under the state Medicaid program in the pethis report (2014) or in either of its two previous fiscal years. Completion of section I-3. or I-4. is not required.	eriod covered	l by
I-2 []			
	TANDARDS - Please check the appopriate box (A, B, or C) below and provide the requested nation.		
need	narity care and government-sponsored indigent health care are provided at a level which is reasonable in relation to s, as determined through the community needs assessment, the available resources of the hospital, and the tax-exem e hospital.	the commun pt benefits r	ity eceived
A.[k]			
STDI3	A1. Tax exempt benefits (Worksheet 5)		Hospital
STD13	A2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
B. C	harity care and government-sponsored indigent health care are provided in an amount equal to at least 100 percent o exempt benefits, excluding federal income tax. (Standard B is met if B.4. is greater than or equal to B.3.)	of the hospit	al's
[]B.			
STDI	BB1. Tax-exempt benefits (Worksheet 5)	Hospital	System
STDI	BB2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
STDI	BB3. Total of B.1. and B.2. above		
STDI	3B4. Enter the total from item II.C		
2017	Charity care and community benefits are provided in a combined amount equal to at least five (5) percent of the hosp care, provided that charity care and government-sponsored indigent health care are provided in an amount equal to the cent 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	at teast tout	tient (4)

C.[]

STDI3C1. Multiply Net Patient Revenue (I-1.) by 5%	16 49 60	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	164960	
STDI3C4. Enter the amount recorded in item II.E.	2901793	
STDI3C5. Multiply Net Patient revenue (I-1.) by 4%	131966	
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	131968	
STDI3C8. Enter the amount recorded in item II.C.	5316	
I4. Check this box if your hospital did not meet any of the standards in sections I-3. Please attach explanatory		6/ 19
Ŋ I-4		
EG B/14 6		
15. Certification Contact Information - Annual Statement of Community Benefits		
Coordinator Name Coordinator Title Phone Fax Electronic/internet Mail address Matt Thornton CEO (936) 336-7316 (936) 336-7837 mthornton@libertydaytonrmc.com		

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