ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2017 TEXAS NONPROFIT HOSPITALS

Part I

3132402 **2017 ASCBS** 6742402
CHI St Joseph Health Madison Hospital
Madisonville MADISON

Please Check "one" your ownership: *

(x) Not-For-Profit

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

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

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	28,206	0	28,206
Outpatient	~~4,484,661,284,661~~ 4,846,612	0	4,846,612
Total	4,874,818	_____	(a) 4,874,818

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

Per S. Martel on 6/4/18 LJ

W1B1. **2016** Gross Patient Service Revenue1, 2;..... (b) 46,436,932

W1B2. **2016** Total Patient Care Operating Expenses1,3.....(**Bad Debt should be treated as a Deduction**) ..... (c) 10,181,908

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) 0.2193

W1C. **Estimated Costs of Charity Care Provided ((a) x (d))** ..... (e) 1,069,047

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) 1,069,047

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) 46,436,144
W1AA2.	Total Operating Expenses (from **2016)** Medicare Cost Report1, Worksheet A, Line 118, Col. 7	(b) 10,377,517
W1AA3.	**Initial Ratio of Cost to Charge ((b) divided by (a))** *****THIS IS A PRE-CALCULATED FIELD.**	(c) 0.2235

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) 2,033,468
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) 454,480
W1AB3.	**Add the allowable "Bad-Debt Expense" to " Total Operating Expenses" ((b) + (e))** *****THIS IS A PRE-CALCULATED FIELD.**	(f) 10,831,997
W1AC.	**Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a decimal)**	(g) 0.2333

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)	31,562	6,218,028	6,249,590
State Government (CSHCN, Primary Care, Kidney Health, etc.)	0	206,368	206,368
Local Government (County Indigent Health Care, other)	0	151,145	151,145
Other Government	0 363,778	~~587,655~~	~~587,655~~ 363,778
Total Billed Charges	31,562	~~7,163,196~~ 6,575,541	~~7,194,758~~ 6,819,736

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

Per S. Martel on 6/4/18 L.J.

(b) 0.2193

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

(c) 1,495,568 ~~1,577,810~~

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) 1,194,549

W3C2. Medicaid Disproportionate Share Hospital payments 0

w3c22. Uncompensated Care Payments

1,408,631

W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.) 158,681

W3C4. Local Government (County Indigent Health Care, other). 116,219

W3C5. Other Government. **(Champus Payments and DSRIP "SHOULD NOT" be reported here; report "CHAMPUS Payments only in Worksheet 4b.)** 279,717

W3C5A. Please specify source of Other Government payments

FEDERAL

W3C6. **Total Payments ***THIS IS A PRE-CALCULATED FIELD.**

(d) 3,157,797

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)	1,472

Unreimbursed Education - Related Costs:

W4AC1.	Education of physicians, nurses, technicians and other medical professionals and health care providers	1,164
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	0
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) 1,164

W4AD. **Total Unreimbursed Costs of Providing Community Benefits ((a) + (b) + (c) + (d))**
*****THIS IS A PRE-CALCULATED FIELD***.**
(e) 2,636

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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	6,082,338	
W4BA2.	Outpatient	16,623,310	
W4BA3.	**Total Billed Charges ***THIS IS A PRE-CALCULATED FIELD***.**	(a) 22,705,648	
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) 0.2193
W4BB2.	**Estimated Costs of Government-sponsored Health Care Provided (a x b) ***THIS IS A PRE-CALCULATED FIELD***.**		(c) 4,979,349

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

W4BC1.	Government Payments	7,489,063	
W4BC2.	Payments from Patients	0	
W4BC3.	Other Payments	2,332,679	
W4BC4.	**Total Payments ***THIS IS A PRE-CALCULATED FIELD***.**	(d) 9,821,742	
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

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		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))	1,069,047	
IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))	0	
IIA3. Unreimbursed costs of charity care (A.1. + A.2.)	1,069,047	
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.)	1,069,047	
IID. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))	2,636	
IIE. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)	1,071,683	

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: 74-2761145

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
12,424,922	0

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.[x] Per S. Martel
on 6/4/18 L.J.

		Hospital	System
STDI3C1.	Multiply Net Patient Revenue (I-1.) by 5%	621,246	0
STDI3C2.	Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year	487,105	0
STDI3C3.	Total of C.1. and C.2. above	1,108,351	0
STDI3C4.	Enter the amount recorded in item II.E.	1,071,683	0
STDI3C5.	Multiply Net Patient revenue (I-1.) by 4%	496,997	0
STDI3C6.	Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year	373,814	0
STDI3C7.	Total of C.5. and C.6. above	870,811	0
STDI3C8.	Enter the amount recorded in item II.C.	1,069,047 ~~1,069,048~~	0

Per S. Martel on 6/4/18 L.J.

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
SHANNON MARTEL	ACCOUNTANT	(979) 821-7618	(979) 821-7601	SMARTEL@ST-JOSEPH.ORG

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

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