eci	tion 1: Costs						
	Hospital Name Providence Portland Medical Center Hospital System Providence Health & Services Reporting Period 01/01/2016 - 12/31/2016 Contact Information Name of Person Completing This Form: Colette Marko-Nelson						
			Phone Number:				
			111011011011		Email:		
	Please indicate what type of cost accounting system is being used for this reporting. (Check all that apply and explain.)		Cost accounting system	Cost to Charge Ratio		Other (explain)	
				Х			
	Community Benefit Categories	Column A	Column B	Column C	Column D	Column E	
ow	Charity Care and Public Programs	Patient Visits	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)		
1	Charity care at cost	20,067	\$9,740,037	\$0	\$9,740,037		
	Unreimbursed costs of public programs:		4-1, 1-1-1	7-	77,77,77		
2	Medicaid/Managed Medicaid Plans	229,417	\$172,201,954	\$118,834,883	\$53,367,071		
3	Medicare/Managed Medicare Plans	542,813	\$358,434,766	\$284,669,498	\$73,765,268		
4	Other public programs	11,765	\$7,430,756	\$5,768,524	\$1,662,232		
5	Charity Care and Public Programs Total	804,062	\$547,807,513	\$409,272,905	\$138,534,608		
_	(sum of lines 1 through 4)						
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?						
	Other Benefits	Encounters	Total community	Direct offsetting	Net community benefit	Description of Activities	
	Culci Bellents	211004111010	benefit expense	revenue	expense (B-C)	2000 pilon or riourning	
7	Community health improvement services	45,770	\$2,522,567	\$296,915	\$2,225,652		
	Research	n/a	\$29,186,391	\$19,211,602	\$9,974,789		
)	Health professions education	n/a	\$9,517,414	\$3,693,313	\$5,824,101		
0	Subsidized health services	n/a	\$8,713,537	\$5,494,453	\$3,219,084		
1	Cash and in-kind contributions to o her community groups	n/a	\$2,606,557	\$575,185	\$2,031,372		
	Community building ac ivities	n/a	\$304,242	\$89,084	\$215,158		
	Community benefit operations	n/a	\$541,524	\$21,255	\$520,269		
4	Other Benefits Totals (sum of lines 7 through 13)	45,770	\$53,392,232	\$29,381,807	\$24,010,425		
5	Community Benefits Totals (line 5 plus line 14)	849,832	\$601,199,745	\$438,654,712	\$162,545,033		