Section 1: Costs

Hospital Name	Southern Coos Hospital and Health Center
Hospital System	
Reporting Period	July 1, 2015 to June 30, 2016
Contact Information	Name of Person Completing This Form: Robin Triplett Title: CFO
	Phone Number: [redacted] Email: [redacted]
	Reviewed By: JoDee Tittle Title: CEO

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)

Row	Community Benefit Categories Charity Care and Public Programs	Column A Patient Visits	Column B Total community benefit expense	Column C Direct offsetting revenue	Column D Net community benefit expense (B-C)	Column E
1	Charity care at cost	182	$60,105	$0	$60,105	
	Unreimbursed costs of public programs:					
2	Medicaid/Managed Medicaid Plans	169	$2,426,977	$1,458,042	$968,935	
3	Medicare/Managed Medicare Plans	700	$11,239,922	$9,691,017	$1,548,905	
4	Other public programs				$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	1,051	$13,727,004	$11,149,059	$2,577,945	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?					

	Other Benefits	Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7	Community health improvement services	1,046	$10,462		$10,462	
8	Research	n/a			$0	
9	Health professions education	n/a			$0	
10	Subsidized health services	n/a			$0	
11	Cash and in-kind contributions to o her community groups	n/a			$0	
12	Community building ac ivities	n/a			$0	
13	Community benefit operations	n/a			$0	
14	Other Benefits Totals (sum of lines 7 through 13)	1,046	$10,462	$0	$10,462	
15	**Community Benefits Totals** (line 5 plus line 14)	**2,097**	**$13,737,466**	**$11,149,059**	**$2,588,407**	