

Section 1: Costs						
Hospital Name		Sacred Heart Medical Center Riverbend - Springfield				
Hospital System		PeaceHealth				
Reporting Period		FY 2017				
Contact Information		Name of Person Completing This Form: Jeff Seirer		Title: Sys VP Fin Integrity/Controller		
		Phone Number: [REDACTED]		Email: [REDACTED]		
		Reviewed By:		Title:		
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)		
		X	X			
Community Benefit Categories		Column A	Column B	Column C	Column D	Column E
Row	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	5,482	\$4,690,175		\$4,690,175	
Unreimbursed costs of public programs:						
2	Medicaid/Managed Medicaid Plans	183,032	\$168,439,510	\$117,629,585	\$50,809,925	
3	Medicare/Managed Medicare Plans	294,646	\$286,520,531	\$238,210,944	\$48,309,588	
4	Other public programs				\$0	
5	Charity Care and Public Programs Total (sum of lines 1 through 4)	483,160	\$459,650,216	\$355,840,529	\$103,809,687	
6	What percentage of Charity Care dollars granted represented a discount of 100% of charges?	44.4%				
Other Benefits		Encounters	Total community benefit expense	Direct offsetting revenue	Net community benefit expense (B-C)	Description of Activities
7	Community health improvement services	4,000	\$1,102,311	\$402,284	\$700,027	
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 other community groups	n/a	\$734,301		\$734,301	
12	Community building activities	n/a	\$378,547		\$378,547	
13	Community benefit operations	n/a			\$0	
14	Other Benefits Totals (sum of lines 7 through 13)	4,000	\$2,215,159	\$402,284	\$1,812,875	
15	Community Benefits Totals (line 5 plus line 14)	487,160	\$461,865,375	\$356,242,813	\$105,622,562	